



## BERMUDA

### BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

#### BR 110 / 2018

#### TABLE OF CONTENTS

1	Citation
2	Rates for in-patient treatment of residents in the general hospital
3	Rates for in-patient treatment of non-residents in the general hospital
4	Rates where patient readmitted with related diagnosis
5	Rates for physician charges
6	Rates for treatment of residents in the Mid-Atlantic Wellness Institute
7	Rates for treatment of residents in hospices
8	Rates for in-patient treatment of non-residents in the Mid-Atlantic Wellness Institute
9	Rates for out-patient treatment
10	Revocation
	SCHEDULE 1
	In-Patient Treatment Charge by Diagnosis Related Group (DRG)
	SCHEDULE 2
	In-Patient Treatment Per Diem Rates
	SCHEDULE 3
	Bermuda Hospitals Board Physician Services
	SCHEDULE 4 (PART A)
	Out-Patient Treatment Included in Standard Health Benefit
	SCHEDULE 4 (PART B)
	Out-Patient Treatment Excluded from Standard Health Benefit

The Bermuda Hospitals Board, in exercise of the power conferred upon it by section 13 of the Bermuda Hospitals Board Act 1970 and with the approval of the Minister responsible for health, makes the following Regulations:

**Citation**

1 These Regulations may be cited as the Bermuda Hospitals Board (Hospital Fees) Regulations 2018.

**Rates for in-patient treatment of residents in the general hospital**

2 (1) The fees payable to the Board by a person who is taken to be ordinarily resident in Bermuda for the purposes of the Health Insurance Act 1970 (in these Regulations referred to as a “resident”) for in-patient treatment at the general hospital are—

- (a) in respect of any admission to the hospital with a length of stay of 15 days or less, equal to the amount in Schedule 1 opposite the Diagnosis Related Group to which the patient has been assigned by the attending physician; or
- (b) in respect of any admission to the hospital with a length of stay of greater than 15 days, equal to the amount referred to in subparagraph (a) plus the product obtained by multiplying the number of days of stay at the hospital greater than 15 days by the per diem rate listed in Part A of Schedule 2.

(2) Notwithstanding paragraph (1), the fees payable for in-patient treatment at the general hospital to the Board by residents who are long term care patients or patients requiring hospice care are equal to the product obtained by multiplying the number of days of hospital stay by the applicable per diem rate listed in Part A of Schedule 2.

**Rates for in-patient treatment of non-residents in the general hospital**

3 In the case of any person who is not ordinarily resident in Bermuda or who is deemed not to be so resident for the purposes of the Health Insurance Act 1970 (in these Regulations referred to as a “non-resident”), the fees payable to the Board for in-patient treatment at the general hospital—

- (a) in respect of any admission to the hospital with a length of stay of 15 days or less, are equal to the amount in Schedule 1 opposite the Diagnosis Related Group to which the patient has been assigned by the attending physician plus a 100% surcharge based on that amount; or
- (b) in respect of any admission to the hospital with a length of stay of greater than 15 days, are equal to the amount referred to in subparagraph (a) plus the product obtained by multiplying the number of days of stay at the hospital greater than 15 days by the per diem rate listed in Part B of Schedule 2.

**Rates where patient readmitted with related diagnosis**

4 Where a resident referred to in regulation 2 or a non-resident referred to in regulation 3 is readmitted to the general hospital within three days after discharge and is assigned by the attending physician to a Diagnosis Related Group closely related to the one to which he was assigned before discharge, the fees payable to the Board are calculated as provided in regulation 2 or 3, whichever is applicable, as if—

- (a) the length of stay at the hospital for the admission and readmission were one continuous period, not counting the days between discharge and readmission; and
- (b) the Diagnosis Related Group to which the patient is assigned were the one determined by the attending physician after readmission to be the most appropriate to apply to the entire period referred to in subparagraph (a).

**Rates for physician charges**

5 (1) The fees payable to the Board for in-patient or out-patient treatment of a resident in the general hospital by a physician provided by the Board are as set out in Schedule 3, which—

- (a) in Part A, sets out the fees payable for treatment included in standard health benefit; and
- (b) in Part B, sets out the fees payable (if any) for treatment excluded from standard health benefit.

(2) The fees payable to the Board for in-patient or out-patient treatment of a non-resident in the general hospital by a physician provided by the Board are as set out in Schedule 3 plus a 100% surcharge.

**Rates for treatment of residents in the Mid-Atlantic Wellness Institute**

6 (1) The fees payable to the Board by residents for in-patient treatment at the Mid-Atlantic Wellness Institute are equal to the product obtained by multiplying the number of days of stay at the Institute by the applicable per diem rate listed in Part A of Schedule 2.

(2) The maximum number of days in any calendar year for which the per diem rate may be charged under paragraph (1) is 40 days.

**Rates for treatment of residents in hospices**

7 The fees payable to the Board for residential hospice care in an establishment under the charge and management of the Board are equal to the product obtained by multiplying the number of days of stay at the hospice by the applicable per diem rate listed in Part A of Schedule 2.

**Rates for in-patient treatment of non-residents in the Mid-Atlantic Wellness Institute**

8 The fees payable to the Board by non-residents for in-patient treatment at the Mid-Atlantic Wellness Institute are equal to the product obtained by multiplying the number of days of stay at the Institute by the applicable per diem rate listed in Part B of Schedule 2.

**Rates for out-patient treatment**

9 (1) The fees payable to the Board by residents for out-patient treatment at the general hospital or in an establishment under the charge and management of the Board are as set out in Schedule 4, which—

- (a) in Part A, sets out the fees payable for treatment included in standard health benefit; and
- (b) in Part B, sets out the fees payable for treatment excluded from standard health benefit.

(2) The fees payable to the Board by non-residents for out-patient treatment at the general hospital or in an establishment under the charge and management of the Board are as set out in Schedule 4 plus a 100% surcharge.

**Revocation**

10 The Bermuda Hospitals Board (Hospital Fees) Regulations 2015 are revoked.

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

**SCHEDULE 1**

(Regulations 2, 3 and 4)

**IN-PATIENT TREATMENT CHARGE BY DIAGNOSIS RELATED GROUP (DRG)**

<b>DRG</b>	<b>CDM Code</b>	<b>DRG Title</b>	<b>\$</b>
3	9500034	ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	124,341
4	9500042	TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	78,073
11	9500117	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W MCC	34,704
12	9500125	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W CC	24,859
13	9500133	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W/O CC/MCC	16,994
20	9500208	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	70,544
21	9500216	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	53,169
22	9500224	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	40,334
23	9500232	CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPILEPSY W NEUROSTIMULATOR	38,767
24	9500240	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	27,031
25	9500257	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	30,382
26	9500265	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	21,145
27	9500273	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	16,696
28	9500281	SPINAL PROCEDURES W MCC	39,216
29	9500299	SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	23,096
30	9500307	SPINAL PROCEDURES W/O CC/MCC	15,050
31	9500315	VENTRICULAR SHUNT PROCEDURES W MCC	28,743
32	9500323	VENTRICULAR SHUNT PROCEDURES W CC	15,010
33	9500331	VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	11,988
34	9500349	CAROTID ARTERY STENT PROCEDURE W MCC	28,162
35	9500356	CAROTID ARTERY STENT PROCEDURE W CC	15,717
36	9500364	CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	12,442
37	9500372	EXTRACRANIAL PROCEDURES W MCC	22,357
38	9500380	EXTRACRANIAL PROCEDURES W CC	11,060
39	9500398	EXTRACRANIAL PROCEDURES W/O CC/MCC	7,857

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

DRG	CDM Code	DRG Title	\$
40	9500406	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	26,864
41	9500414	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	16,446
42	9500422	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/ MCC	13,479
52	9500521	SPINAL DISORDERS & INJURIES W CC/MCC	10,647
53	9500539	SPINAL DISORDERS & INJURIES W/O CC/MCC	6,584
54	9500547	NERVOUS SYSTEM NEOPLASMS W MCC	9,277
55	9500554	NERVOUS SYSTEM NEOPLASMS W/O MCC	7,051
56	9500562	DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	13,500
57	9500570	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	8,008
58	9500588	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	11,558
59	9500596	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	7,566
60	9500604	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	5,960
61	9500612	ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	19,739
62	9500620	ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	13,631
63	9500638	ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	11,407
64	9500646	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	12,477
65	9500653	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	7,274
66	9500661	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	5,267
67	9500679	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	9,970
68	9500687	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	6,321
69	9500695	TRANSIENT ISCHEMIA W/O THROMBOLYTIC	5,306
70	9500703	NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	11,631
71	9500711	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	6,982
72	9500729	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	5,363
73	9500737	CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	9,904
74	9500745	CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	6,727
75	9500752	VIRAL MENINGITIS W CC/MCC	11,643
76	9500760	VIRAL MENINGITIS W/O CC/MCC	6,783
77	9500778	HYPERTENSIVE ENCEPHALOPATHY W MCC	11,088
78	9500786	HYPERTENSIVE ENCEPHALOPATHY W CC	7,007
79	9500794	HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	5,420
80	9500802	NONTRAUMATIC STUPOR & COMA W MCC	12,252

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

DRG	CDM Code	DRG Title	\$
81	9500810	NONTRAUMATIC STUPOR & COMA W/O MCC	5,333
82	9500828	TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	15,194
83	9500836	TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	8,865
84	9500844	TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	6,350
85	9500851	TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	14,447
86	9500869	TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	8,341
87	9500877	TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	5,870
88	9500885	CONCUSSION W MCC	9,907
89	9500893	CONCUSSION W CC	7,102
90	9500901	CONCUSSION W/O CC/MCC	5,578
91	9500919	OTHER DISORDERS OF NERVOUS SYSTEM W MCC	10,865
92	9500927	OTHER DISORDERS OF NERVOUS SYSTEM W CC	6,609
93	9500935	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	5,143
94	9500943	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	24,079
95	9500950	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	16,589
96	9500968	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	15,649
97	9500976	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	24,016
98	9500984	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	13,218
99	9500992	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	8,508
100	9501008	SEIZURES W MCC	11,625
101	9501016	SEIZURES W/O MCC	5,846
102	9501024	HEADACHES W MCC	7,486
103	9501032	HEADACHES W/O MCC	5,289
113	9501131	ORBITAL PROCEDURES W CC/MCC	15,430
114	9501149	ORBITAL PROCEDURES W/O CC/MCC	9,039
115	9501156	EXTRAOCULAR PROCEDURES EXCEPT ORBIT	10,544
116	9501164	INTRAOCULAR PROCEDURES W CC/MCC	10,584
117	9501172	INTRAOCULAR PROCEDURES W/O CC/MCC	7,057
121	9501214	ACUTE MAJOR EYE INFECTIONS W CC/MCC	6,958
122	9501222	ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	5,388
123	9501230	NEUROLOGICAL EYE DISORDERS	5,283
124	9501248	OTHER DISORDERS OF THE EYE W MCC	8,811
125	9501255	OTHER DISORDERS OF THE EYE W/O MCC	5,448
129	9501297	MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE	16,173

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

DRG	CDM Code	DRG Title	\$
130	9501305	MAJOR HEAD & NECK PROCEDURES W/O CC/MCC	10,144
131	9501313	CRANIAL/FACIAL PROCEDURES W CC/MCC	18,140
132	9501321	CRANIAL/FACIAL PROCEDURES W/O CC/MCC	10,975
133	9501339	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W CC/MCC	14,009
134	9501347	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W/O CC/MCC	8,189
135	9501354	SINUS & MASTOID PROCEDURES W CC/MCC	16,031
136	9501362	SINUS & MASTOID PROCEDURES W/O CC/MCC	9,163
137	9501370	MOUTH PROCEDURES W CC/MCC	9,620
138	9501388	MOUTH PROCEDURES W/O CC/MCC	6,107
139	9501396	SALIVARY GLAND PROCEDURES	7,873
146	9501461	EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	13,565
147	9501479	EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	8,822
148	9501487	EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	5,743
149	9501495	DYSEQUILIBRIUM	4,968
150	9501503	EPISTAXIS W MCC	9,332
151	9501511	EPISTAXIS W/O MCC	5,164
152	9501529	OTITIS MEDIA & URI W MCC	7,416
153	9501537	OTITIS MEDIA & URI W/O MCC	5,045
154	9501545	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	10,250
155	9501552	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	6,332
156	9501560	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	4,696
157	9501578	DENTAL & ORAL DISEASES W MCC	10,920
158	9501586	DENTAL & ORAL DISEASES W CC	6,268
159	9501594	DENTAL & ORAL DISEASES W/O CC/MCC	4,749
163	9501636	MAJOR CHEST PROCEDURES W MCC	34,867
164	9501644	MAJOR CHEST PROCEDURES W CC	18,185
165	9501651	MAJOR CHEST PROCEDURES W/O CC/MCC	13,057
166	9501669	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	25,024
167	9501677	OTHER RESP SYSTEM O.R. PROCEDURES W CC	13,050
168	9501685	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	9,104
175	9501750	PULMONARY EMBOLISM W MCC	10,355
176	9501768	PULMONARY EMBOLISM W/O MCC	6,316
177	9501776	RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	13,057
178	9501784	RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	9,138
179	9501792	RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	6,561
180	9501800	RESPIRATORY NEOPLASMS W MCC	11,919
181	9501818	RESPIRATORY NEOPLASMS W CC	8,156
182	9501826	RESPIRATORY NEOPLASMS W/O CC/MCC	5,960



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

DRG	CDM Code	DRG Title	\$
183	9501834	MAJOR CHEST TRAUMA W MCC	10,419
184	9501842	MAJOR CHEST TRAUMA W CC	7,161
185	9501859	MAJOR CHEST TRAUMA W/O CC/MCC	5,354
186	9501867	PLEURAL EFFUSION W MCC	10,756
187	9501875	PLEURAL EFFUSION W CC	7,456
188	9501883	PLEURAL EFFUSION W/O CC/MCC	5,638
189	9501891	PULMONARY EDEMA & RESPIRATORY FAILURE	8,604
190	9501909	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	8,132
191	9501917	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	6,474
192	9501925	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	5,125
193	9501933	SIMPLE PNEUMONIA & PLEURISY W MCC	9,687
194	9501941	SIMPLE PNEUMONIA & PLEURISY W CC	6,584
195	9501958	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	5,008
196	9501966	INTERSTITIAL LUNG DISEASE W MCC	11,263
197	9501974	INTERSTITIAL LUNG DISEASE W CC	7,372
198	9501982	INTERSTITIAL LUNG DISEASE W/O CC/MCC	5,520
199	9501990	PNEUMOTHORAX W MCC	12,745
200	9502006	PNEUMOTHORAX W CC	7,486
201	9502014	PNEUMOTHORAX W/O CC/MCC	5,362
202	9502022	BRONCHITIS & ASTHMA W CC/MCC	6,533
203	9502030	BRONCHITIS & ASTHMA W/O CC/MCC	4,977
204	9502048	RESPIRATORY SIGNS & SYMPTOMS	5,406
205	9502055	OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	10,533
206	9502063	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	6,009
207	9502071	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	38,693
208	9502089	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	16,705
215	9502154	OTHER HEART ASSIST SYSTEM IMPLANT	90,911
222	9502220	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC	59,863
223	9502238	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W/O MCC	45,448
224	9502246	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/ SHOCK W MCC	51,791
225	9502253	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/ SHOCK W/O MCC	39,940
226	9502261	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC	47,955
227	9502279	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC	38,132
228	9502287	OTHER CARDIOTHORACIC PROCEDURES W MCC	46,538

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

DRG	CDM Code	DRG Title	\$
229	9502295	OTHER CARDIOTHORACIC PROCEDURES W/O MCC	32,342
239	9502394	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	32,775
240	9502402	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	18,815
241	9502410	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	10,423
242	9502428	PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	26,142
243	9502436	PERMANENT CARDIAC PACEMAKER IMPLANT W CC	18,405
244	9502444	PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	15,094
245	9502451	AICD GENERATOR PROCEDURES	38,467
246	9502469	PERCUTANEOUS CARDIOVASCULAR PROCEDURES W DRUG-ELUTING STENT W MCC OR 4+ ARTERIES OR STENTS	22,649
247	9502477	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	14,926
248	9502485	PERCUTANEOUS CARDIOVASCULAR PROCEDURES W NON-DRUG-ELUTING STENT W MCC OR 4+ ARTERIES OR STENTS	21,501
249	9502493	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC	13,805
250	9502501	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	17,679
251	9502519	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	11,730
252	9502527	OTHER VASCULAR PROCEDURES W MCC	22,812
253	9502535	OTHER VASCULAR PROCEDURES W CC	17,884
254	9502543	OTHER VASCULAR PROCEDURES W/O CC/MCC	12,789
255	9502550	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	17,745
256	9502568	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	12,298
257	9502576	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	7,943
258	9502584	CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	21,739
259	9502592	CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	14,723
260	9502600	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	25,310
261	9502618	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	13,673
262	9502626	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	11,648
263	9502634	VEIN LIGATION & STRIPPING	16,487
264	9502642	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	22,701
265	9502659	AICD LEAD PROCEDURES	23,548

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

DRG	CDM Code	DRG Title	\$
280	9502808	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	11,695
281	9502816	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	6,948
282	9502824	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	5,352
283	9502832	ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	12,397
284	9502840	ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	5,553
285	9502857	ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	3,904
286	9502865	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	15,720
287	9502873	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	8,290
288	9502881	ACUTE & SUBACUTE ENDOCARDITIS W MCC	19,106
289	9502899	ACUTE & SUBACUTE ENDOCARDITIS W CC	11,955
290	9502907	ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	7,694
291	9502915	HEART FAILURE & SHOCK W MCC	10,412
292	9502923	HEART FAILURE & SHOCK W CC	6,764
293	9502931	HEART FAILURE & SHOCK W/O CC/MCC	4,752
294	9502949	DEEP VEIN THROMBOPHLEBITIS W CC/MCC	7,205
295	9502956	DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	5,542
296	9502964	CARDIAC ARREST, UNEXPLAINED W MCC	10,514
297	9502972	CARDIAC ARREST, UNEXPLAINED W CC	4,634
298	9502980	CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	3,422
299	9502998	PERIPHERAL VASCULAR DISORDERS W MCC	9,956
300	9503004	PERIPHERAL VASCULAR DISORDERS W CC	7,185
301	9503012	PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	5,116
302	9503020	ATHEROSCLEROSIS W MCC	7,568
303	9503038	ATHEROSCLEROSIS W/O MCC	4,677
304	9503046	HYPERTENSION W MCC	7,396
305	9503053	HYPERTENSION W/O MCC	4,879
306	9503061	CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	9,610
307	9503079	CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	5,837
308	9503087	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	8,385
309	9503095	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	5,446
310	9503103	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	3,968
311	9503111	ANGINA PECTORIS	4,792
312	9503129	SYNCOPE & COLLAPSE	5,619
313	9503137	CHEST PAIN	4,955
314	9503145	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	13,815
315	9503152	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	6,814
316	9503160	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	5,221
326	9503269	STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	32,085

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

DRG	CDM Code	DRG Title	\$
327	9503277	STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	14,930
328	9503285	STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	10,614
329	9503293	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	34,663
330	9503301	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	17,418
331	9503319	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	11,823
332	9503327	RECTAL RESECTION W MCC	26,960
333	9503335	RECTAL RESECTION W CC	14,057
334	9503343	RECTAL RESECTION W/O CC/MCC	9,150
335	9503350	PERITONEAL ADHESIOLYSIS W MCC	28,882
336	9503368	PERITONEAL ADHESIOLYSIS W CC	16,507
337	9503376	PERITONEAL ADHESIOLYSIS W/O CC/MCC	11,416
338	9503384	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W MCC	19,499
339	9503392	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	12,029
340	9503400	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/ MCC	8,465
341	9503418	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC	17,553
342	9503426	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	10,499
343	9503434	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/ MCC	7,448
344	9503442	MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	19,421
345	9503459	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	11,015
346	9503467	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	7,765
347	9503475	ANAL & STOMAL PROCEDURES W MCC	18,552
348	9503483	ANAL & STOMAL PROCEDURES W CC	9,964
349	9503491	ANAL & STOMAL PROCEDURES W/O CC/MCC	7,159
350	9503509	INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	17,360
351	9503517	INGUINAL & FEMORAL HERNIA PROCEDURES W CC	10,506
352	9503525	INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	7,319
353	9503533	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	21,235
354	9503541	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	12,161
355	9503558	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/ MCC	9,317
356	9503566	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	26,852
357	9503574	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	14,816
358	9503582	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	9,937
368	9503681	MAJOR ESOPHAGEAL DISORDERS W MCC	12,961
369	9503699	MAJOR ESOPHAGEAL DISORDERS W CC	7,674
370	9503707	MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	5,270
371	9503715	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	12,166

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

DRG	CDM Code	DRG Title	\$
372	9503723	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	7,471
373	9503731	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	5,377
374	9503749	DIGESTIVE MALIGNANCY W MCC	14,120
375	9503756	DIGESTIVE MALIGNANCY W CC	8,711
376	9503764	DIGESTIVE MALIGNANCY W/O CC/MCC	6,632
377	9503772	G.I. HEMORRHAGE W MCC	12,092
378	9503780	G.I. HEMORRHAGE W CC	6,845
379	9503798	G.I. HEMORRHAGE W/O CC/MCC	4,548
380	9503806	COMPLICATED PEPTIC ULCER W MCC	13,382
381	9503814	COMPLICATED PEPTIC ULCER W CC	7,606
382	9503822	COMPLICATED PEPTIC ULCER W/O CC/MCC	5,667
383	9503830	UNCOMPLICATED PEPTIC ULCER W MCC	9,488
384	9503848	UNCOMPLICATED PEPTIC ULCER W/O MCC	6,184
385	9503855	INFLAMMATORY BOWEL DISEASE W MCC	11,664
386	9503863	INFLAMMATORY BOWEL DISEASE W CC	6,786
387	9503871	INFLAMMATORY BOWEL DISEASE W/O CC/MCC	5,184
388	9503889	G.I. OBSTRUCTION W MCC	10,751
389	9503897	G.I. OBSTRUCTION W CC	6,022
390	9503905	G.I. OBSTRUCTION W/O CC/MCC	4,209
391	9503913	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	8,713
392	9503921	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	5,357
393	9503939	OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	11,576
394	9503947	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	6,654
395	9503954	OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	4,759
405	9504051	PANCREAS, LIVER & SHUNT PROCEDURES W MCC	37,303
406	9504069	PANCREAS, LIVER & SHUNT PROCEDURES W CC	19,724
407	9504077	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	14,241
408	9504085	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	27,845
409	9504093	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	16,442
410	9504101	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	12,193
411	9504119	CHOLECYSTECTOMY W C.D.E. W MCC	23,270
412	9504127	CHOLECYSTECTOMY W C.D.E. W CC	16,751
413	9504135	CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	11,898
414	9504143	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	25,023

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

DRG	CDM Code	DRG Title	\$
415	9504150	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	14,258
416	9504168	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	9,893
417	9504176	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	16,870
418	9504184	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	11,755
419	9504192	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	9,208
420	9504200	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W MCC	28,631
421	9504218	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W CC	13,290
422	9504226	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	10,984
423	9504234	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W MCC	26,717
424	9504242	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W CC	15,771
425	9504259	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	11,308
432	9504325	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	12,702
433	9504333	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	7,206
434	9504341	CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	4,432
435	9504358	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W MCC	11,783
436	9504366	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W CC	8,010
437	9504374	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W/O CC/MCC	6,415
438	9504382	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	11,706
439	9504390	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	6,167
440	9504408	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	4,502
441	9504416	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W MCC	12,811
442	9504424	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	6,627
443	9504432	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC/MCC	4,788
444	9504440	DISORDERS OF THE BILIARY TRACT W MCC	11,286
445	9504457	DISORDERS OF THE BILIARY TRACT W CC	7,465
446	9504465	DISORDERS OF THE BILIARY TRACT W/O CC/MCC	5,585
453	9504531	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	68,723
454	9504549	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	45,835
455	9504556	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	35,827
456	9504564	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	64,937
457	9504572	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	48,018

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

DRG	CDM Code	DRG Title	\$
458	9504580	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFECTION OR EXT FUS W/O CC/MCC	37,855
459	9504598	SPINAL FUSION EXCEPT CERVICAL W MCC	42,599
460	9504606	SPINAL FUSION EXCEPT CERVICAL W/O MCC	28,325
461	9504614	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	34,517
462	9504622	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	23,028
463	9504630	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	35,396
464	9504648	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	20,063
465	9504655	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	13,274
466	9504663	REVISION OF HIP OR KNEE REPLACEMENT W MCC	35,578
467	9504671	REVISION OF HIP OR KNEE REPLACEMENT W CC	24,536
468	9504689	REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	19,874
469	9504697	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REPLACEMENT	22,583
470	9504705	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	14,493
471	9504713	CERVICAL SPINAL FUSION W MCC	34,701
472	9504721	CERVICAL SPINAL FUSION W CC	20,131
473	9504739	CERVICAL SPINAL FUSION W/O CC/MCC	16,167
474	9504747	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	27,253
475	9504754	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	15,187
476	9504762	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	8,241
477	9504770	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	22,810
478	9504788	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	15,793
479	9504796	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	12,464
480	9504804	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	21,305
481	9504812	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	14,463
482	9504820	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	11,776
483	9504838	MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	17,120

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

DRG	CDM Code	DRG Title	\$
485	9504853	KNEE PROCEDURES W PDX OF INFECTION W MCC	22,953
486	9504861	KNEE PROCEDURES W PDX OF INFECTION W CC	15,679
487	9504879	KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	11,708
488	9504887	KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	14,085
489	9504895	KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	9,084
492	9504929	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W MCC	23,287
493	9504937	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W CC	15,546
494	9504945	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W/O CC/MCC	12,390
495	9504952	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	21,250
496	9504960	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	13,931
497	9504978	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	9,788
498	9504986	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	17,137
499	9504994	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	8,761
500	9505009	SOFT TISSUE PROCEDURES W MCC	20,877
501	9505017	SOFT TISSUE PROCEDURES W CC	11,918
502	9505025	SOFT TISSUE PROCEDURES W/O CC/MCC	8,915
503	9505033	FOOT PROCEDURES W MCC	17,549
504	9505041	FOOT PROCEDURES W CC	12,164
505	9505058	FOOT PROCEDURES W/O CC/MCC	10,760
506	9505066	MAJOR THUMB OR JOINT PROCEDURES	9,731
507	9505074	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	13,243
508	9505082	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	10,819
509	9505090	ARTHROSCOPY	12,925
510	9505108	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W MCC	17,552
511	9505116	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W CC	12,600
512	9505124	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W/O CC/MCC	10,554
513	9505132	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	11,197
514	9505140	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	7,190



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>DRG</b>	<b>CDM Code</b>	<b>DRG Title</b>	<b>\$</b>
515	9505157	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	20,597
516	9505165	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	13,278
517	9505173	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/ MCC	10,132
518	9505181	BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	20,410
519	9505199	BACK & NECK PROC EXC SPINAL FUSION W CC	12,726
520	9505207	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	9,148
533	9505330	FRACTURES OF FEMUR W MCC	10,145
534	9505348	FRACTURES OF FEMUR W/O MCC	5,368
535	9505355	FRACTURES OF HIP & PELVIS W MCC	8,867
536	9505363	FRACTURES OF HIP & PELVIS W/O MCC	5,323
537	9505371	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	6,829
538	9505389	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	4,773
539	9505397	OSTEOMYELITIS W MCC	13,297
540	9505405	OSTEOMYELITIS W CC	9,111
541	9505413	OSTEOMYELITIS W/O CC/MCC	6,668
542	9505421	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	12,772
543	9505439	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	7,618
544	9505447	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	5,473
545	9505454	CONNECTIVE TISSUE DISORDERS W MCC	16,674
546	9505462	CONNECTIVE TISSUE DISORDERS W CC	7,950
547	9505470	CONNECTIVE TISSUE DISORDERS W/O CC/MCC	5,751
548	9505488	SEPTIC ARTHRITIS W MCC	14,381
549	9505496	SEPTIC ARTHRITIS W CC	8,428
550	9505504	SEPTIC ARTHRITIS W/O CC/MCC	6,354
551	9505512	MEDICAL BACK PROBLEMS W MCC	10,959
552	9505520	MEDICAL BACK PROBLEMS W/O MCC	6,306
553	9505538	BONE DISEASES & ARTHROPATHIES W MCC	9,095
554	9505546	BONE DISEASES & ARTHROPATHIES W/O MCC	5,303
555	9505553	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	8,973
556	9505561	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	5,496
557	9505579	TENDONITIS, MYOSITIS & BURSITIS W MCC	10,182
558	9505587	TENDONITIS, MYOSITIS & BURSITIS W/O MCC	6,043

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

DRG	CDM Code	DRG Title	\$
559	9505595	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	11,862
560	9505603	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	7,600
561	9505611	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	5,370
562	9505629	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	9,749
563	9505637	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	5,810
564	9505645	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	10,321
565	9505652	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	6,721
566	9505660	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	5,481
570	9505702	SKIN DEBRIDEMENT W MCC	18,306
571	9505710	SKIN DEBRIDEMENT W CC	11,490
572	9505728	SKIN DEBRIDEMENT W/O CC/MCC	8,294
573	9505736	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	28,668
574	9505744	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	20,879
575	9505751	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	12,289
576	9505769	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	31,980
577	9505777	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	17,232
578	9505785	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	10,506
579	9505793	OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	18,771
580	9505801	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	10,976
581	9505819	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	8,635
582	9505827	MASTECTOMY FOR MALIGNANCY W CC/MCC	10,456
583	9505835	MASTECTOMY FOR MALIGNANCY W/O CC/MCC	9,560
584	9505843	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	13,093
585	9505850	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	11,233
592	9505926	SKIN ULCERS W MCC	10,454
593	9505934	SKIN ULCERS W CC	7,379
594	9505942	SKIN ULCERS W/O CC/MCC	5,351
595	9505959	MAJOR SKIN DISORDERS W MCC	14,950
596	9505967	MAJOR SKIN DISORDERS W/O MCC	6,908
597	9505975	MALIGNANT BREAST DISORDERS W MCC	12,722
598	9505983	MALIGNANT BREAST DISORDERS W CC	7,672
599	9505991	MALIGNANT BREAST DISORDERS W/O CC/MCC	6,162

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

DRG	CDM Code	DRG Title	\$
600	9506007	NON-MALIGNANT BREAST DISORDERS W CC/MCC	6,750
601	9506015	NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	4,439
602	9506023	CELLULITIS W MCC	10,204
603	9506031	CELLULITIS W/O MCC	5,999
604	9506049	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	9,817
605	9506056	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	5,968
606	9506064	MINOR SKIN DISORDERS W MCC	9,752
607	9506072	MINOR SKIN DISORDERS W/O MCC	5,573
614	9506148	ADRENAL & PITUITARY PROCEDURES W CC/MCC	16,572
615	9506155	ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	10,405
616	9506163	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W MCC	28,523
617	9506171	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W CC	14,801
618	9506189	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W/O CC/MCC	8,314
619	9506197	O.R. PROCEDURES FOR OBESITY W MCC	21,990
620	9506205	O.R. PROCEDURES FOR OBESITY W CC	12,949
621	9506213	O.R. PROCEDURES FOR OBESITY W/O CC/MCC	11,165
622	9506221	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	25,479
623	9506239	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	13,383
624	9506247	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	8,389
625	9506254	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	18,966
626	9506262	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	10,711
627	9506270	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	7,483
628	9506288	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	25,231
629	9506296	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	16,337
630	9506304	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	11,266
637	9506379	DIABETES W MCC	9,416
638	9506387	DIABETES W CC	6,005
639	9506395	DIABETES W/O CC/MCC	4,414
640	9506403	MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ ELECTROLYTES W MCC	8,271
641	9506411	MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ ELECTROLYTES W/O MCC	5,264
642	9506429	INBORN AND OTHER DISORDERS OF METABOLISM	8,825

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

DRG	CDM Code	DRG Title	\$
643	9506437	ENDOCRINE DISORDERS W MCC	11,227
644	9506445	ENDOCRINE DISORDERS W CC	7,071
645	9506452	ENDOCRINE DISORDERS W/O CC/MCC	5,212
652	9506528	KIDNEY TRANSPLANT	23,420
653	9506536	MAJOR BLADDER PROCEDURES W MCC	39,014
654	9506544	MAJOR BLADDER PROCEDURES W CC	19,561
655	9506551	MAJOR BLADDER PROCEDURES W/O CC/MCC	14,460
656	9506569	KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	22,961
657	9506577	KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	13,955
658	9506585	KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	11,027
659	9506593	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	24,078
660	9506601	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	12,649
661	9506619	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/ MCC	10,258
662	9506627	MINOR BLADDER PROCEDURES W MCC	21,487
663	9506635	MINOR BLADDER PROCEDURES W CC	12,562
664	9506643	MINOR BLADDER PROCEDURES W/O CC/MCC	9,078
665	9506650	PROSTATECTOMY W MCC	22,035
666	9506668	PROSTATECTOMY W CC	12,272
667	9506676	PROSTATECTOMY W/O CC/MCC	6,992
668	9506684	TRANSURETHRAL PROCEDURES W MCC	18,590
669	9506692	TRANSURETHRAL PROCEDURES W CC	9,756
670	9506700	TRANSURETHRAL PROCEDURES W/O CC/MCC	6,939
671	9506718	URETHRAL PROCEDURES W CC/MCC	10,825
672	9506726	URETHRAL PROCEDURES W/O CC/MCC	7,214
673	9506734	OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	24,863
674	9506742	OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	16,343
675	9506759	OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	11,574
682	9506825	RENAL FAILURE W MCC	10,472
683	9506833	RENAL FAILURE W CC	6,556
684	9506841	RENAL FAILURE W/O CC/MCC	4,433
685	9506858	ADMIT FOR RENAL DIALYSIS	7,443
686	9506866	KIDNEY & URINARY TRACT NEOPLASMS W MCC	12,188
687	9506874	KIDNEY & URINARY TRACT NEOPLASMS W CC	7,751
688	9506882	KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	6,005
689	9506890	KIDNEY & URINARY TRACT INFECTIONS W MCC	7,614
690	9506908	KIDNEY & URINARY TRACT INFECTIONS W/O MCC	5,605
691	9506916	URINARY STONES W ESW LITHOTRIPSY W CC/MCC	11,275
692	9506924	URINARY STONES W ESW LITHOTRIPSY W/O CC/MCC	8,395
693	9506932	URINARY STONES W/O ESW LITHOTRIPSY W MCC	10,069
694	9506940	URINARY STONES W/O ESW LITHOTRIPSY W/O MCC	5,744

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

DRG	CDM Code	DRG Title	\$
695	9506957	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	8,256
696	9506965	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	4,912
697	9506973	URETHRAL STRICTURE	7,263
698	9506981	OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	11,203
699	9506999	OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	7,383
700	9507005	OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	5,478
707	9507070	MAJOR MALE PELVIC PROCEDURES W CC/MCC	12,714
708	9507088	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	9,768
709	9507096	PENIS PROCEDURES W CC/MCC	16,120
710	9507104	PENIS PROCEDURES W/O CC/MCC	10,635
711	9507112	TESTES PROCEDURES W CC/MCC	14,250
712	9507120	TESTES PROCEDURES W/O CC/MCC	6,560
713	9507138	TRANSURETHRAL PROSTATECTOMY W CC/MCC	10,047
714	9507146	TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	6,219
715	9507153	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	15,347
716	9507161	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	10,064
717	9507179	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	13,611
718	9507187	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	8,793
722	9507229	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	12,252
723	9507237	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	7,916
724	9507245	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	5,346
725	9507252	BENIGN PROSTATIC HYPERTROPHY W MCC	8,986
726	9507260	BENIGN PROSTATIC HYPERTROPHY W/O MCC	5,202
727	9507278	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	10,230
728	9507286	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	5,726
729	9507294	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	7,447
730	9507302	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	4,503
734	9507344	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	15,347
735	9507351	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	9,229
736	9507369	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	27,710
737	9507377	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	13,826

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

DRG	CDM Code	DRG Title	\$
738	9507385	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	9,832
739	9507393	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	24,984
740	9507401	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	12,144
741	9507419	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	8,920
742	9507427	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	11,562
743	9507435	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	7,581
744	9507443	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	11,989
745	9507450	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	7,479
746	9507468	VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	11,530
747	9507476	VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	6,506
748	9507484	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	8,941
749	9507492	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	18,181
750	9507500	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	9,170
754	9507542	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	12,632
755	9507559	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	7,744
756	9507567	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	4,481
757	9507575	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	10,339
758	9507583	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	7,077
759	9507591	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	5,049
760	9507609	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	6,057
761	9507617	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	4,533
765	9507658	CESAREAN SECTION W CC/MCC	8,304
766	9507666	CESAREAN SECTION W/O CC/MCC	5,906
767	9507674	VAGINAL DELIVERY W STERILIZATION &/OR D&C	6,569
768	9507682	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	7,998
769	9507690	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	12,162
770	9507708	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5,558
774	9507740	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	5,858
775	9507757	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	4,553

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

DRG	CDM Code	DRG Title	\$
776	9507765	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	5,696
777	9507773	ECTOPIC PREGNANCY	6,195
778	9507781	THREATENED ABORTION	4,294
779	9507799	ABORTION W/O D&C	4,752
780	9507807	FALSE LABOR	3,442
781	9507815	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	6,078
782	9507823	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	4,314
789	9507898	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	11,579
790	9507906	EXTREME IMMATURETY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	38,182
791	9507914	PREMATURITY W MAJOR PROBLEMS	26,077
792	9507922	PREMATURITY W/O MAJOR PROBLEMS	15,734
793	9507930	FULL TERM NEONATE W MAJOR PROBLEMS	26,787
794	9507948	NEONATE W OTHER SIGNIFICANT PROBLEMS	9,481
795	9507955	NORMAL NEWBORN	1,283
799	9507997	SPLENECTOMY W MCC	34,407
800	9508003	SPLENECTOMY W CC	18,956
801	9508011	SPLENECTOMY W/O CC/MCC	12,013
802	9508029	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	22,956
803	9508037	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	13,124
804	9508045	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	8,456
808	9508086	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	15,017
809	9508094	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	8,441
810	9508102	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	6,636
811	9508110	RED BLOOD CELL DISORDERS W MCC	9,437
812	9508128	RED BLOOD CELL DISORDERS W/O MCC	6,228
813	9508136	COAGULATION DISORDERS	12,212
814	9508144	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	12,382
815	9508151	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	7,068
816	9508169	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	4,953
820	9508201	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	38,221
821	9508219	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	16,477

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

DRG	CDM Code	DRG Title	\$
822	9508227	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	8,749
823	9508235	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	30,425
824	9508243	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	15,416
825	9508250	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	9,073
826	9508268	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	36,791
827	9508276	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	16,707
828	9508284	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	11,433
829	9508292	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	22,088
830	9508300	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	9,023
834	9508342	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	38,759
835	9508359	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	14,914
836	9508367	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	9,713
837	9508375	CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	40,240
838	9508383	CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	16,593
839	9508391	CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	9,401
840	9508409	LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	21,724
841	9508417	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	11,433
842	9508425	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	7,932
843	9508433	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	12,621
844	9508441	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	8,515
845	9508458	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	6,365
846	9508466	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	16,794
847	9508474	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	8,898
848	9508482	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	6,575
849	9508490	RADIOTHERAPY	12,698
853	9508532	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	36,177



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

DRG	CDM Code	DRG Title	\$
854	9508540	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	16,870
855	9508557	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	10,159
856	9508565	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	31,404
857	9508573	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	14,026
858	9508581	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	9,516
862	9508623	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	12,930
863	9508631	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	7,106
864	9508649	FEVER	6,139
865	9508656	VIRAL ILLNESS W MCC	10,592
866	9508664	VIRAL ILLNESS W/O MCC	5,648
867	9508672	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	14,938
868	9508680	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	7,475
869	9508698	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	5,564
870	9508706	SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	42,962
871	9508714	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	12,861
872	9508722	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	7,440
876	9508763	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	24,759
880	9508805	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	5,704
881	9508813	DEPRESSIVE NEUROSES	5,261
882	9508821	NEUROSES EXCEPT DEPRESSIVE	5,497
883	9508839	DISORDERS OF PERSONALITY & IMPULSE CONTROL	8,302
884	9508847	ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	8,707
885	9508854	PSYCHOSES	8,279
886	9508862	BEHAVIORAL & DEVELOPMENTAL DISORDERS	7,531
887	9508870	OTHER MENTAL DISORDER DIAGNOSES	7,577
894	9508946	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	3,699
895	9508953	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	9,385
896	9508961	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	11,540
897	9508979	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	5,571
901	9509019	WOUND DEBRIDEMENTS FOR INJURIES W MCC	29,307
902	9509027	WOUND DEBRIDEMENTS FOR INJURIES W CC	14,096

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

DRG	CDM Code	DRG Title	\$
903	9509035	WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	8,803
904	9509043	SKIN GRAFTS FOR INJURIES W CC/MCC	22,935
905	9509050	SKIN GRAFTS FOR INJURIES W/O CC/MCC	10,314
906	9509068	HAND PROCEDURES FOR INJURIES	12,306
907	9509076	OTHER O.R. PROCEDURES FOR INJURIES W MCC	29,434
908	9509084	OTHER O.R. PROCEDURES FOR INJURIES W CC	14,289
909	9509092	OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	9,926
913	9509134	TRAUMATIC INJURY W MCC	9,734
914	9509142	TRAUMATIC INJURY W/O MCC	5,857
915	9509159	ALLERGIC REACTIONS W MCC	11,414
916	9509167	ALLERGIC REACTIONS W/O MCC	4,234
917	9509175	POISONING & TOXIC EFFECTS OF DRUGS W MCC	9,891
918	9509183	POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	5,293
919	9509191	COMPLICATIONS OF TREATMENT W MCC	12,351
920	9509209	COMPLICATIONS OF TREATMENT W CC	7,050
921	9509217	COMPLICATIONS OF TREATMENT W/O CC/MCC	5,004
922	9509225	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	10,456
923	9509233	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	5,761
927	9509274	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	119,496
928	9509282	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	40,237
929	9509290	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/ MCC	18,589
933	9509332	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	22,969
934	9509340	FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ	12,298
935	9509357	NON-EXTENSIVE BURNS	11,908
939	9509399	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	24,566
940	9509407	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	16,529
941	9509415	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	13,109
945	9509456	REHABILITATION W CC/MCC	8,846
946	9509464	REHABILITATION W/O CC/MCC	7,971
947	9509472	SIGNS & SYMPTOMS W MCC	8,282
948	9509480	SIGNS & SYMPTOMS W/O MCC	5,451
949	9509498	AFTERCARE W CC/MCC	8,223
950	9509506	AFTERCARE W/O CC/MCC	5,675
951	9509514	OTHER FACTORS INFLUENCING HEALTH STATUS	5,592
955	9509555	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	42,543

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>DRG</b>	<b>CDM Code</b>	<b>DRG Title</b>	<b>\$</b>
956	9509563	LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	27,561
957	9509571	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	51,525
958	9509589	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	30,025
959	9509597	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	19,010
963	9509639	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	18,897
964	9509647	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	10,080
965	9509654	OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	7,008
969	9509696	HIV W EXTENSIVE O.R. PROCEDURE W MCC	38,407
970	9509704	HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	18,127
974	9509746	HIV W MAJOR RELATED CONDITION W MCC	19,566
975	9509753	HIV W MAJOR RELATED CONDITION W CC	9,591
976	9509761	HIV W MAJOR RELATED CONDITION W/O CC/MCC	7,044
977	9509779	HIV W OR W/O OTHER RELATED CONDITION	9,169
981	9509811	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	30,406
982	9509829	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	17,524
983	9509837	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	11,610
987	9509878	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	22,831
988	9509886	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	12,067
989	9509894	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	7,800
		<b>Standard Dollar Amount</b>	<b>7,055</b>

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

**SCHEDULE 2**

(Regulations 2, 3, 4, 6, 7 and 8)

**IN-PATIENT TREATMENT PER DIEM RATES**

<b>CDM Code</b>		<b>\$</b>
	<b>Part A: Residents' Per Diem Rates</b>	
	<b>The per diem rate for observation bed</b>	
0082099	SIX SOUTH BED SPEC.RATE OBSERVATION	632
	<b>The per diem rate for acute care accommodation</b>	
0032052	ICU WARD	1,350
0032060	MATERNITY WARD	1,350
0032086	GOSLING WARD	1,350
0032094	OVERFLOW BEDS	1,350
0032037	CURTIS ACUTE CARE GENERAL WING	1,350
0032136	AC 3M	1,350
0032144	AC 4S	1,350
0032151	AC 5S	1,350
0062059	ICU WARD - NON DRG	1,350
0062067	MATERNITY WARD - NON DRG	1,350
0062083	GOSLING WARD - NON DRG	1,350
0062091	OVERFLOW BEDS NON DRG	1,350
0062034	CURTIS ACUTE CARE GENERAL WING - NON DRG	1,350
0062133	AC 3M - NON DRG	1,350
0062141	AC 4S - NON DRG	1,350
0062158	AC 5S - NON DRG	1,350
	<b>The per diem rate for long term care patients</b>	
0033019	LTC - ROOM & CARE	1,063
0043018	LTC-HID - ROOM & CARE	658
	<b>The per diem rate for newborn infants</b>	
0042077	NURSERY - NEW BORN	488
0062075	NURSERY/NEWBORN NON DRG	488
	<b>The per diem rate for hospice care</b>	
0062125	HOSPICE - ROOM & CARE	595
	<b>The per diem rate for patients at the Mid-Atlantic Wellness Institute</b>	
0013011	MWI ROOM & CARE SOMERS WARD	739
0013029	MWI ROOM & CARE DEVON LODGE	739
0013037	MWI ROOM & CARE CEDARS WARD	739
0013045	MWI ROOM & CARE ADAMS WARD	739
0013052	MWI ROOM & CARE REID WARD	739
0013060	MWI ROOM & CARE WATSON WARD	739

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CDM Code</b>		<b>\$</b>
0013078	MWI ROOM & CARE BAYVIEW WARD	739
0013086	MWI ROOM & CARE SANDPIPER WARD	739
0013094	MWI ROOM & CARE CORAL WARD	739
0013102	MWI ROOM & CARE COMUNITY SERVICES	739
0013110	MWI - I/P DETOX REVENUE	739
0013128	MWI CAS IP REVENUE	739
<b>Part B: Non Residents' Per Diem Rates</b>		
<b>The per diem rate for accommodation</b>		
0032052	ICU WARD - O/SEAS RATE	2,700
0032060	MATERNITY WARD - O/SEAS RATE	2,700
0032086	GOSLING WARD - O/SEAS RATE	2,700
0032094	CURTIS ACUTE CARE GENERAL WING - O/SEAS RATE	2,700
0032136	AC 3M - O/SEAS RATE	2,700
0032144	AC 4S - O/SEAS RATE	2,700
0032151	AC 5S - O/SEAS RATE	2,700
0062059	ICU WARD - O/SEAS RATE - NON DRG	2,700
0062067	MATERNITY WARD - O/SEAS REATE - NON DRG	2,700
0062083	GOSLING WARD - O/SEAS RATE - NON DRG	2,700
0062091	CURTIS ACUTE CARE GENERAL WING - O/SEAS RATE - NON DRG	2,700
0062133	AC 3M - O/SEAS RATE - NON DRG	2,700
0062141	AC 4S - O/SEAS RATE - NON DRG	2,700
0062158	AC 5S - O/SEAS RATE - NON DRG	2,700
<b>The per diem rate for newborn infants</b>		
0042077	NURSERY - NEW BORN O/SEAS RATE	976
0062075	NURSERY - NEW BORN O/SEAS RATE - NON DRG	976
<b>The per diem rate for long term care patients</b>		
0093021	LTC - ROOM & CARE - O/SEAS RATE	2,126
<b>Mid-Atlantic Wellness Institute</b>		
0023010	MWI SOMERS - O/SEAS RATE	1,478
0013011	MWI SOMERS - O/SEAS RATE	1,478

**SCHEDULE 3**

(Regulation 5)

**BERMUDA HOSPITALS BOARD PHYSICIAN SERVICES**

**PHYSICIAN CATEGORY**

ANESTHESIST

PAIN MANAGEMENT - ANESTHESIST

CARDIOLOGIST

DI - CARDIAC CT

ENDOCRINOLOGIST

GYNECOLOGIST

HOSPITALIST

INTENSIVIST

INTERNIST

INTERVENTIONAL RADIOLOGY

NEPHROLOGY

NEUROLOGIST

OBSTETRICS

ONCOLOGIST

SURGERY

PALLIATIVE CARE

PHYSIATRIST

PROCEDURALIST

REMOTE CONSULTATION

ROBOTICS

VASCULAR SURGERY

**PART A (Fees payable for treatment included in standard health benefit)**

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
		<b>ANESTHETIST FEE PER 15 MINUTE INTERVAL</b>	
00100	1600006	ANESTH SALIVARY GLAND	85
00102	1600014	ANESTH RPR CLEFT	102
00103	1600022	ANESTH BLEPHAROPLAS	85
00104	1600030	ANESTH ELECTROSHOCK	68
00120	1600048	ANESTH EAR SURG	85
00124	1600055	ANESTH EAR EXAM	68
00126	1600063	ANESTH TYMPANOTOMY	68
00140	1600071	ANESTH EYE PROC	85
00142	1600089	ANESTH LENS SURG	68
00144	1600097	ANESTH CORNEAL TRANSPLA	102
00145	1600105	ANESTH VITREORETINAL SU	102
00147	1600113	ANESTH IRIDECTOMY	68
00148	1600121	ANESTH EYE EXAM	68
00160	1600139	ANESTH NOSE/SINUS NOS	85
00162	1600147	ANESTH NOSE/SINUS RAD	119
00164	1600154	ANESTH BIOPSY OF NOSE	68
00170	1600162	ANESTH PROC ON MOU	85
00172	1600170	ANESTH CLEFT PALATE REP	102
00174	1600188	ANESTH PHARYNGEAL SURG	102
00176	1600196	ANESTH PHARYNGEAL RADICAL	119
00190	1600204	ANESTH FACE/SKULL BONE	85
00192	1600212	ANESTH FACIAL BONE SURG	119
00210	1600220	ANESTH OPEN HEAD SURGER	186
00212	1600238	ANESTH SKULL DRAINAGE TAP	85
00214	1600246	ANESTH SKULL DRAIN BURR	152
00215	1600253	ANESTH SKULL RPR/FRA	152
00216	1600261	ANESTH HEAD VESSEL SURG	254
00218	1600279	ANESTH SPECIAL HEAD SUR	220
00220	1600287	ANESTH INTRCRN NERVE	169
00222	1600295	ANESTH HEAD NERVE SURGE	102
00300	1600303	ANESTH HEAD/NECK/PTRUNK	85
00320	1600311	ANESTH NECK ORGAN 1 &	102
00322	1600329	ANESTH BIOPSY OF THYROI	51
00326	1600337	ANESTH LARYNX/TRACH <	119
00350	1600345	ANESTH NECK VESSEL SURG	169
00352	1600352	ANESTH NECK VESSEL SURG	85
00400	1600360	ANESTH SKIN EXT/PER/AT	51
00402	1600378	ANESTH SURG BREAST RECON	85
00404	1600386	ANESTH SURG BREAST RAD	85

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
00406	1600394	ANESTH SURG BREAST NODE	220
00410	1600402	ANESTH CORRECT HEART RH	68
00450	1600410	ANESTH SURG SHOUL NOS	85
00452	1600428	ANESTH SURG SHOUL RAD	117
00454	1600436	ANESTH COLLAR BONE BIOP	51
00470	1600444	ANESTH REMOVAL OF RIB	102
00472	1600451	ANESTH CHEST WALL REPAI	169
00474	1600469	ANESTH SURG OF RIB(S)	220
00500	1600477	ANESTH ESOPHAGEAL SURG	254
00520	1600485	ANESTH CHEST PROC	102
00522	1600493	ANESTH CHEST LINING BIO	68
00524	1600501	ANESTH CHEST DRAINAGE	68
00528	1600519	ANESTH CHEST PARTITION	136
00529	1600527	ANESTH CHEST PART + VENT	186
00530	1600535	ANESTH PACEMAKER INSERT	68
00532	1600543	ANESTH VASCULAR ACCESS	68
00534	1600550	ANESTH CARIOVERTER/DEF	119
00537	1600568	ANESTH CARDIAC ELECTROP	119
00539	1600576	ANESTH TRACH-BRONCH REC	305
00540	1600584	ANESTH CHEST SURG	203
00541	1600600	ANESTH ONE LUNG VENTILA	254
00542	1600592	ANESTH RELEASE OF LUNG	254
00546	1600618	ANESTH LUNGCHEST WALL	254
00548	1600626	ANESTH TRACHEABRONCHI	288
00550	1600634	ANESTH STERNAL DEBRIDEM	169
00560	1600642	ANESTH HEART SURG W/O P	254
00561	1600659	ANESTH HEART SURG < AGE	424
00562	1600667	ANESTH HEART SURG W/PUM	339
00563	1600675	ANESTH HEART SURG W/ARR	424
00566	1600683	ANESTH CABG W/O PUMP	424
00580	1600691	ANESTH HEART/LUNG TRANS	339
00600	1600709	ANESTH SPINE CORD SURG	169
00604	1600717	ANESTH SITTING PROCEDUR	220
00620	1600725	ANESTH SPINE CORD SURG	169
00622	1600733	ANESTH REMOVAL OF NERVE	305
00625	1600741	ANESTH SPINE TRANTHOR W/O	220
00626	1600758	ANESTH SPINE TRANSTHOR W/	254
00630	1600766	ANESTH SPINE CORD SURG	136
00632	1600774	ANESTH REMOVAL OF NERVE	119
00634	1600782	ANESTH FOR CHEMONUCLEOLY	234



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
00635	1600790	ANESTH LUMBAR PUNCTURE	68
00640	1600808	ANESTH SPINE MANIPULATI	51
00670	1600816	ANESTH SPINE CORD SURG	220
00700	1600824	ANESTH ABDOMINAL WALL S	68
00702	1600832	ANESTH FOR LIVER BIOPSY	68
00730	1600840	ANESTH ABDOMINAL WALL S	85
00740	1600857	ANESTH UPPER GI VISUALI	117
00750	1600865	ANESTH RPR HERNIA NOS	68
00752	1600873	ANESTH RPR OF HERNIA L/V	102
00754	1600881	ANESTH RPR HERNIA OMH	119
00756	1600899	ANESTH RPR OF HERNIA	119
00770	1600907	ANESTH BLOOD VESSEL REP	254
00790	1600915	ANESTH SURG UPPER ABDOM	119
00792	1600923	ANESTH HEMORR/EXCISE LI	220
00794	1600931	ANESTH PANCREAS REMOVAL	136
00796	1600949	ANESTH FOR LIVER TRANSP	508
00797	1600956	ANESTH SURG FOR OBES	186
00800	1600964	ANESTH ABDOMINAL WALL S	68
00802	1600972	ANESTH FAT LAYER REMOVA	85
00810	1600980	ANESTH LOW INTESTINE SC	117
00820	1600998	ANESTH ABDOMINAL WALL S	85
00830	1601004	ANESTH RPR HERNIA LA NOS	68
00832	1601012	ANESTH RPR HERNIA LA V/L	102
00834	1601020	ANESTH HERNIA RPR< 1	85
00836	1601038	ANESTH HERNIA RPR PRE	102
00840	1601046	ANESTH SURG LOWER ABDOM	102
00842	1601053	ANESTH AMNIOCENTESIS	68
00844	1601061	ANESTH PELVIS SURG	119
00846	1601079	ANESTH HYSTERECTOMY	136
00848	1601087	ANESTH PELVIC ORGAN SUR	136
00851	1601095	ANESTH TUBAL LIGATION	102
00860	1601103	ANESTH SURG OF ABDOM	102
00862	1601111	ANESTH KIDNEY/URETER SU	119
00864	1601129	ANESTH REMOVAL OF BLADD	136
00865	1601137	ANESTH REMOVAL OF PROST	119
00866	1601145	ANESTH REMOVAL OF ADREN	169
00868	1601152	ANESTH KIDNEY TRANSPLAN	169
00870	1601160	ANESTH BLADDER STONE SU	85
00872	1601178	ANESTH KIDNEY STONE DEST	119
00873	1601186	ANESTH KIDNEY STONE DEST	85

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
00880	1601194	ANESTH ABDOMEN VESSEL S	254
00882	1601202	ANESTH MAJOR VEIN LIGAT	169
00902	1601210	ANESTH ANORECTAL SURGER	85
00904	1601228	ANESTH PERINEAL SURG	119
00906	1601236	ANESTH REMOVAL OF VULVA	68
00908	1601244	ANESTH REMOVAL OF PROST	102
00910	1601251	ANESTH BLADDER SURG	51
00912	1601269	ANESTH BLADDER TUMOR SU	85
00914	1601277	ANESTH REMOVAL OF PROST	85
00916	1601285	ANESTH BLEEDING CONTROL	85
00918	1601293	ANESTH STONE REMOVAL	85
00920	1601301	ANESTH GENITALIA SURGER	51
00921	1601319	ANESTH VASECTOMY	51
00922	1601327	ANESTH SPERM DUCT SURGE	102
00924	1601335	ANESTH TESTIS EXPLORATI	68
00926	1601343	ANESTH REMOVAL OF TESTI	68
00928	1601350	ANESTH REMOVAL OF TESTI	102
00930	1601368	ANESTH TESTIS SUSPENSIO	68
00932	1601376	ANESTH AMPUTATION OF PE	68
00934	1601384	ANESTH PENIS NODES REM	102
00936	1601392	ANESTH PENIS NODES REM W/ILIAC	136
00938	1601400	ANESTH INSERT PENIS DEV	68
00940	1601418	ANESTH VAGINAL PROCEDUR	51
00942	1601426	ANESTH SURG ON VAG/URET	68
00944	1601434	ANESTH VAGINAL HYSTEREC	102
00948	1601442	ANESTH RPR OF CERVIX	68
00950	1601459	ANESTH VAGINAL ENDOSCOPI	85
00952	1601467	ANESTH HYSTEROSCOPE/GRA	68
01112	1601475	ANESTH BONE ASPIRATE/BX	85
01120	1601483	ANESTH PELVIS SURG	102
01130	1601491	ANESTH BODY CAST PROCED	51
01140	1601509	ANESTH AMPUTATION AT PE	254
01150	1601517	ANESTH PELVIC TUMOR SUR	169
01160	1601525	ANESTH PELVIS PROC CLS	68
01170	1601533	ANESTH PELVIS SURG OPEN	136
01173	1601541	ANESTH FX RPR PELVI	203
01180	1601558	ANESTH PELVIS NERVE REM EX	71
01190	1601566	ANESTH PELVIS NERVE REM INTRA	71
01200	1601574	ANESTH HIP JOINT PROCED	68
01202	1601582	ANESTH ARTHROSCOPY OF H	68

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
01210	1601590	ANESTH HIP JOINT SURGER	102
01212	1601608	ANESTH HIP DISARTICULAT	169
01214	1601616	ANESTH HIP ARTHROPLASTY	136
01215	1601624	ANESTH REVISE HIP REPAI	169
01220	1601632	ANESTH PROC FEM CLS	68
01230	1601640	ANESTH SURG FEMUR OPEN	102
01232	1601657	ANESTH AMPUTATION OF FE	85
01234	1601665	ANESTH RADICAL FEMUR SU	136
01250	1601673	ANESTH UPPER LEG SURGER	68
01260	1601681	ANESTH UPPER LEG VEINS	51
01270	1601699	ANESTH THIGH ARTERIES S	136
01272	1601707	ANESTH FEMORAL ARTERY S	68
01274	1601715	ANESTH FEMORAL EMBOLECT	102
01320	1601723	ANESTH KNEE AREA SURGER	68
01340	1601731	ANESTH CLSD LOWER 1/3 FEMUR	68
01360	1601749	ANESTH OPEN LOWER 1/3 FEMUR	85
01380	1601756	ANESTH KNEE JOINT PROCE	51
01382	1601764	ANESTH DX KNEE ARTHROSC	51
01390	1601772	ANESTH CLSD UP TIB/FIB/=-PAT	51
01392	1601780	ANESTH OPEN UP TIB/FIB/=-PAT	68
01400	1601798	ANESTH KNEE JOINT NOS	68
01402	1601806	ANESTH KNEE ARTHROPLAST	119
01404	1601814	ANESTH AMPUTATION AT KNEE	85
01420	1601822	ANESTH KNEE JOINT CASTI	51
01430	1601830	ANESTH KNEE VEINS PROC NOS	51
01432	1601848	ANESTH KNEE PROC A/V FIST	102
01440	1601855	ANESTH KNEE ARTERIES SU	136
01442	1601863	ANESTH KNEE ARTERY SURG	136
01444	1601871	ANESTH KNEE ARTERY REPA	136
01462	1601889	ANESTH LOWER LEG PROCED	51
01464	1601897	ANESTH ANKLE/FT ARTHROS	51
01470	1601905	ANESTH LOWER LEG SURG NOS	51
01472	1601913	ANESTH ACHILLES TENDON	85
01474	1601921	ANESTH LOWER LEG STRAYER	85
01480	1601939	ANESTH LOWER LEG BONE S	51
01482	1601947	ANESTH RADICAL LEG SURG	68
01484	1601954	ANESTH LOWER LEG REVISI	68
01486	1601962	ANESTH ANKLE REPLACEMEN	119
01490	1601970	ANESTH LOWER LEG CASTIN	51
01500	1601988	ANESTH LEG ARTERIES SUR	136

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
01502	1601996	ANESTH LWR LEG EMBOLECT	102
01520	1602002	ANESTH LOWER LEG VEIN NOS	51
01522	1602010	ANESTH LOWER LEG VEIN THROMB	85
01610	1602028	ANESTH SURG OF SHOUL	85
01620	1602036	ANESTH SHOULDER PROCEDU	68
01622	1602044	ANESTH DX SHOULDER ARTHROS	68
01630	1602051	ANESTH SURG SHOUL NOS	85
01632	1602069	ANESTH SURG SHOUL RADICAL	117
01634	1602077	ANESTH SHOULDER JOINT A	152
01636	1602085	ANESTH FOREQUARTER AMPU	254
01638	1602093	ANESTH SHOULDER REPLACE	169
01650	1602101	ANESTH SHOULDER ARTERY NOS	102
01652	1602119	ANESTH SHOULDER VESSEL A/B	169
01654	1602127	ANESTH SHOULD VESS GRAFT	136
01656	1602135	ANESTH ARM-LEG VESSEL S	169
01670	1602143	ANESTH SHOULDER VEIN SU	68
01680	1602150	ANESTH SHOULDER CASTING	51
01682	1602168	ANESTH AIRPLANE CAST	94
01710	1602176	ANESTH ELBOW AREA SURGE	51
01712	1602184	ANESTH UPPR ARM TENDON OPN	85
01714	1602192	ANESTH UPPR ARM TENOPLAST	85
01716	1602200	ANESTH BICEPS TENDON RE	85
01730	1602218	ANESTH UPPR ARM PROCEDU	51
01732	1602226	ANESTH DX ELBOW ARTHROS	51
01740	1602234	ANESTH UPPER ARM SURGER	68
01742	1602242	ANESTH HUMERUS SURG	85
01744	1602259	ANESTH HUMERUS RPR	85
01756	1602267	ANESTH RADICAL HUMERUS	102
01758	1602275	ANESTH HUMERAL LESION S	85
01760	1602283	ANESTH ELBOW REPLACEMEN	119
01770	1602291	ANESTH UPPR ARM ARTERY	102
01772	1602309	ANESTH UPPR ARM EMBOLEC	102
01780	1602317	ANESTH UPPER ARM VEIN S	51
01782	1602325	ANESTH UPPR ARM VEIN RE	68
01810	1602333	ANESTH LOWER ARM SURGER	51
01820	1602341	ANESTH LOWER ARM PROCED	51
01829	1602358	ANESTH DX WRIST ARTHROS	51
01830	1602366	ANESTH LOWER ARM SURGER	51
01832	1602374	ANESTH WRIST REPLACEMEN	102
01840	1602382	ANESTH LWR ARM ARTERY S	102

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
01842	1602390	ANESTH LWR ARM EMBOLECT	102
01844	1602408	ANESTH VASCULAR SHUNT S	102
01850	1602416	ANESTH LOWER ARM VEIN S	51
01852	1602424	ANESTH LWR ARM VEIN REP	68
01860	1602432	ANESTH LOWER ARM CASTIN	51
01916	1602440	ANESTH DX ARTERIOGRAPHY	85
01920	1602457	ANESTH CATHETERIZE HEAR	119
01922	1602465	ANESTH CAT OR MRI SCAN	119
01924	1602473	ANESTH THER INTERVEN RAD NOS	85
01925	1602481	ANESTH THER INTERVEN RAD C OR C	119
01926	1602499	ANESTH TX INTERV RAD HRT/	136
01930	1602507	ANESTH THER INTERVEN RAD	85
01931	1602515	ANESTH THER INTERVEN RAD	119
01932	1602523	ANESTH TX INTERV RAD TH	102
01933	1602531	ANESTH TX INTERV RAD CRA	119
01935	1602549	ANESTH PERC IMG DX SP P	85
01936	1602556	ANESTH PERC IMG TX SP P	85
01951	1602564	ANESTH BURN LESS 4 PER	51
01952	1602572	ANESTH BURN 4-9 PERCEN	85
01953	1602580	ANESTH BURN EACH 9 PER	17
01958	1602598	ANESTH ANTEPARTUM MANIP	85
01960	1602606	ANESTH VAGINAL DELIVERY	85
01961	1602614	ANESTH CS DELIVERY	119
01962	1602622	ANESTH EMER HYSTERECTOM	136
01963	1602630	ANESTH CS HYSTEREC W/O LABOR	136
01964	1602648	ANESTH CS HYSTERECTOMY	94
01965	1602655	ANESTH INC/MISSED AB PR	68
01966	1602663	ANESTH INDUCED AB PROCE	68
01967	1602671	ANESTH/ANALG VAG DELIVE	85
01968	1602689	ANESTH/ANALG CS DELIVER AD	34
01969	1602697	ANESTH/ANALG CS HYST ADD	85
01990	1602705	ANEST SUPPORT ORGAN DONOR	119
01991	1602713	ANESTH NERVE BLK/INJ	51
01992	1602721	ANESTH N BLK/INJ PRO	85
01995	1602739	ANESTH N BLK/INJ PRO	117
01996	1602747	ANEST HOSP DAILY CONT DRUG AD	51
01999	1602754	ANEST UNLISTED ANESTH PROC	140
20526	1602762	ANEST THER INJECTION CARP TUN	163
20550	1602770	ANEST INJ TENDON SHEATH/LIGAME	111
20551	1602788	ANEST INJ TENDON ORIGIN/INSERT	127

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
20552	1602796	ANEST INJ TRIGGER POINT 1/2 M	116
20553	1602804	ANEST INJECT TRIGGER POINTS =	133
20600	1602812	ANEST DRN/INJ JOINT/BURS SM	101
20605	1602820	ANEST DRN/INJ JOINT/BURS INTER	106
20610	1602838	ANEST DRN/INJ JOINT/BURS MAJ	127
27096	1602846	ANEST INJECT SACROILIAC JOINT	334
31500	1602853	ANEST INSERT EMERGENCY AIRWAY	299
36400	1602861	ANEST BL DRAW < 3 YRS FEM/JUGU	55
36410	1602879	ANEST NON-ROUTINE BL DRAW > 3	35
36420	1602887	ANEST VEIN ACCESS CUTDOWN < 1	99
36425	1602895	ANEST VEIN ACCESS CUTDOWN > 1	85
36555	1602903	ANEST INSERT NON-TUN CV CAT <5	388
36556	1602911	ANEST INSERT NON-TUN CV CAT >5	440
36600	1602929	ANEST WITHDRAWAL OF ARTERIAL B	68
36620	1602937	ANEST INSERT CAT ARTE PERC	94
36625	1602945	ANEST INSERT CAT ARTE CUT	224
36660	1602952	ANEST INSERT CAT UMBIL ARTE	146
62263	1602960	ANEST EPIDURAL LYSIS MULT SESS	1,253
62264	1602978	ANEST EPIDURAL LYSIS ON SINGLE	880
62270	1602986	ANEST SPINAL FLUID TAP DIAGNO	332
62272	1602994	ANEST DRAIN CEREBRO SPINAL FLU	426
62273	1603000	ANEST INJECT EPIDURAL PATCH	365
62280	1603018	ANEST SPINAL CORD LES SUBA	658
62281	1603026	ANEST SPINAL CORD LES E/C/T	502
62282	1603034	ANEST SPINAL CORD LES SUBA	608
62350	1603083	ANEST IMPLANT SPINAL CANAL CAT	848
62355	1603091	ANEST REMOVE SPINAL CANAL CATH	569
62360	1603109	ANEST INS SPINE INFUS P SUBQ	662
62361	1603117	ANEST INS SPINE INFUS P NON PROG	918
62362	1603125	ANEST REMVL SPINE INFUS PUMP	815
62365	1603133	ANEST REMVL SPINE INFUSION DE	630
62367	1603141	ANEST ANALYZE SPINE INFUSION P	89
62368	1603158	ANEST ANALYZE SPINE INFUSION P	120
63650	1603166	ANEST IMPLANT NEUROELECTR	2,768
63685	1603182	ANEST INSRT/REDO SPINE N GENER	771
63688	1603190	ANEST REV/REMLV NEURORECEI	792
64400	1603208	ANEST N BLK INJ TRIGEMINAL	275
64402	1603216	ANEST N BLK INJ FACIAL	296
64405	1603224	ANEST N BLK INJ OCCIPITAL	216
64408	1603232	ANEST N BLK INJ VAGUS	244

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
64410	1603240	ANEST N BLK INJ PHRENIC	324
64413	1603265	ANEST N BLK INJ CERVICAL PL	267
64415	1603273	ANEST N BLK INJ BRACHIAL PL	248
64416	1603281	ANEST N BLK CONT INFUSE B P	167
64417	1603299	ANEST N BLK INJ AXILLARY	272
64418	1603307	ANEST N BLK INJ SUPRASCAPUL	246
64420	1603315	ANEST N BLK INJ INTER SNGL	234
64421	1603323	ANEST N BLK INJ INTER MULTI	317
64425	1603331	ANEST N BLK INJ ILIO-ING/HY	281
64430	1603349	ANEST N BLK INJ PUDENDAL	288
64435	1603356	ANEST N BLK INJ PARACERVICA	286
64445	1603364	ANEST N BLK INJ SCIATIC SN	288
64446	1603372	ANEST N BLK INJ SCIATIC CONT	167
64447	1603380	ANEST N BLK INJ FEM SINGLE	255
64448	1603398	ANEST N BLK INJ FEM CONT IN	151
64449	1603406	ANEST N BLK INJ LUMBAR PLEX	179
64450	1603414	ANEST N BLK OTHER PERIPHERA	168
64479	1603463	ANEST INJ FORAMEN EPIDU C/T	492
64480	1603471	ANEST INJ FORAMEN EPIDU ADD	237
64483	1603489	ANEST INJ FORAMEN EPIDU L/S	457
64484	1603497	ANEST INJ FORAMEN EPIDU ADD	193
64505	1603505	ANEST N BLK SPENOPALAT G	230
64508	1603513	ANEST N BLK CAROTID SINUS S	104
64510	1603521	ANEST N BLK STELL GANG	267
64517	1603539	ANEST N BLK INJ HYPOGAS PLX	398
64520	1603547	ANEST N BLK L/T	393
64530	1603554	ANEST N BLK INJ CELIAC PELU	395
64600	1603562	ANEST INJ NERVE SOMATIC	852
64605	1603570	ANEST INJ NERVE 2ND/3RD GUID	1,144
64610	1603588	ANEST INJ NERVE SOMATIC 2ND/3RD	1,561
64620	1603596	ANEST INJ INTERCOSTAL NERVE	430
64630	1603646	ANEST INJET N PUDENDAL	483
64640	1603653	ANEST INJET N PERIPHIAL	278
64680	1603661	ANEST INJET N CELIAC PLEX	634
64681	1603679	ANEST INJET N HYPOGASTRIC	1,089
72275	1603687	ANEST EPIDUROGRAPHY	241
76937	1603711	ANEST US GUIDE VASCULAR ACCES	66
77001	1603729	ANEST FLUOROGUIDE FOR VEIN DEV	175
77002	1603737	ANEST NEEDLE LOCALIZATION BY X	197
77003	1603745	ANEST FLUOROGUIDE FOR SPINE IN	197

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
92950	1603752	ANEST HEART/LUNG RESUSCITATION	636
93312	1603760	ANEST TEE	518
93313	1603778	ANEST TEE PROBE ONLY	24
93314	1604420	ANEST ECHO TRANSESOPHAGEAL	500
93314	1603786	ANEST TEE IMAGE/REPORT	500
93315	1603794	ANEST TEE CARDIAC	541
93316	1603802	ANEST TEE CARDIAC PROBE ONLY	57
93317	1603810	ANEST TEE CARD IMAGE/REPORT	390
93318	1603828	ANEST ECHO TRANSESOPHAGEAL INT	440
93320	1603836	ANEST DOPP ECHO HEART	113
93321	1603844	ANEST DOPP ECHO HEART LIMITED	57
93325	1603851	ANEST DOPP CLR FLOW ADD-O	54
93503	1603869	ANEST INSERT HEART CATHE	220
94002	1603877	ANEST VENT MGMT INPAT INIT DA	194
94003	1603885	ANEST VENT MGMT INPAT SUBQ DA	140
94010	1603893	ANEST BREATHING CAPACITY TEST	75
94060	1603901	ANEST EVALUATION OF WHEEZING	127
94150	1603919	ANEST VITAL CAPACITY TEST	54
94375	1603927	ANEST RESP FLOW VOLUME	83
94400	1603935	ANEST CO2 RESPONSE C	121
94450	1603943	ANEST HYPOXIA RESPONSE CURVE	149
94640	1603950	ANEST AIRWAY INHALATION TREATM	39
94660	1603968	ANEST POS AIRWAY PRESSURE CPA	136
94662	1603976	ANEST NEG PRESS VENTILATION C	76
94680	1603984	ANEST EXHALED AIR ANALYSIS O2	122
94681	1603992	ANEST EXHALED AIR -O2	119
94690	1604008	ANEST EXHALED AIR ANALYSIS	116
94750	1604016	ANEST PULMONARY COMPLIANCE STU	172
94770	1604024	ANEST EXHALED CARBON DIOXIDE T	15
95925	1604032	ANEST SOMATOSENSORY UPPER	277
95926	1604040	ANEST SOMATOSENSORY LOWER	272
95927	1604057	ANEST SOMATOSENSORY TRUNK	285
95955	1604065	ANEST EEG DURING SURG	448
95970	1604073	ANEST ANALYZE NEUROSTIM NO PR	145
95971	1604081	ANEST ANALYZE NEUROSTIM SIMPL	107
95991	1604099	ANEST SPIN/BRAIN PUMP REFIL &	250
99140	1604438	ANEST COMPLICATED BY ER	85
99183	1604107	ANEST HYPERBARIC OXYGEN THERAP	231
99201	1604115	ANEST OUTPATIENT VISIT LV I NP	93
99202	1604123	ANEST OUTPATIENT VISIT LV II NP	156



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
99203	1604131	ANEST OUTPATIENT VISIT LV III NP	225
99204	1604149	ANEST OUTPATIENT VISIT LV IV NP	342
99205	1604156	ANEST OUTPATIENT VISIT LV V NP	431
99211	1604164	ANEST OUTPATIENT VISIT LV I EP	45
99212	1604172	ANEST OUTPATIENT VISIT LV II EP	91
99213	1604180	ANEST OV LEVEL III EP X 15 MINUTES	152
99214	1604198	ANEST OV LEVEL IV EP X 15 MINUTES	224
99215	1604206	AN OP VIS LV V EP	302
99221	1604214	ANEST INI HOSP CARE LV I	211
99222	1604222	ANEST INI HOSP CARE LV II	285
99223	1604230	ANEST INI HOSP CARE LV III	423
99231	1604248	ANEST SUB HOSP CARE LV I	82
99232	1604255	ANEST SUB HOSP CARE LV II	152
99233	1604263	ANEST SUB HOSP CARE LV III	217
99238	1604271	ANEST HOSP DISCH DAY LV I	152
99239	1604289	ANEST HOSP DISCH DAY LV II	225
99241	1604297	ANEST OFF CON LV I	99
99242	1604305	ANEST OFF CON LV II	186
99243	1604313	ANEST OFF CON LV III	254
99244	1604321	ANEST OFF CON LV IV	380
99245	1604339	ANEST OFF CON LV V	463
99251	1604347	ANEST INPAT CON LV I	102
99252	1604354	ANEST INPAT CON LV II	155
99253	1604362	ANEST INPAT CON LV III	239
99254	1604370	ANEST INPAT CON LV IV	348
99255	1604388	ANEST INPAT CON LV V	418
99291	1604396	ANEST C CARE 1ST HOUR	571
99292	1604404	ANEST C CARE ADD 30 MIN	256
31600	1700004	ANEST INCISION OF WINDPIPE	683
31601	1700012	ANEST INCISION OF WINDPIPE	951
31603	1700020	ANEST INCISION OF WINDPIPE	683
31622	1700038	ANEST DX BRONCHOSCOPE/WASH	505
31623	1700046	ANEST DX BRONCHOSCOPE/BRUSH	571
31624	1700053	ANEST DX BRONCHOSCOPE/LAVAGE	532
31625	1700061	ANEST BRONCHOSCOPY W/BIOPSY(S)	696
32422	1700095	ANEST THORACENTESIS W/TUBE INSERT	308
33206	1700103	ANEST INSERTION OF HEART PACEMAKER	966
33207	1700111	ANEST INSERTION OF HEART PACEMAKER	1,029
33208	1700129	ANEST INSERTION OF HEART PACEMAKER	1,114
33210	1700137	ANEST INSERTION OF HEART ELECTRODE	352

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
33211	1700145	ANEST INSERTION OF HEART ELECTRODE	363
33212	1700152	ANEST INSERTION OF PULSE GENERATOR	685
33213	1700160	ANEST INSERTION OF PULSE GENERATOR	717
33216	1700178	ANEST INSERT LEAD PACE-DEFIB ONE	792
33217	1700186	ANEST INSERT LEAD PACE-DEFIB DUAL	778
36140	1700202	ANEST ESTABLISH ACCESS TO ARTERY	893
36557	1700210	ANEST INSERT TUNNELED CV CATH	1,961
36558	1700228	ANEST INSERT TUNNELED CV CATH	1,495
36560	1700236	ANEST INSERT TUNNELED CV CATH	2,734
36561	1700244	ANEST INSERT TUNNELED CV CATH	2,270
36563	1700251	ANEST INSERT TUNNELED CV CATH	2,583
36565	1700269	ANEST INSERT TUNNELED CV CATH	1,854
36566	1700277	ANEST INSERT TUNNELED CV CATH	10,783
36568	1700285	ANEST INSERT PICC CATH	457
36569	1700293	ANEST INSERT PICC CATH	518
36570	1700301	ANEST INSERT PICVAD CATH	2,924
36571	1700319	ANEST INSERT PICVAD CATH	2,561
36589	1700327	ANEST REMOVE TUNNELED CV CATH	345
36590	1700335	ANEST REMOVE TUNNELED CV CATH	466
61107	1700343	ANEST PLACE INTRACRANIAL BOLT MNITR	678
76942	1700350	ANEST ECHO GUIDE FOR BIOPSY	125
76999	1700368	ANEST ECHO EXAM PROC PER UNIT	52
27096	1602846	ANEST INJECT SACROILIAC JOINT	334
62320	1603042	ANEST INJECT SPINE C/T	348
62322	1603059	ANEST INJECT SPINE L/S (CD)	327
62324	1603067	ANEST INJECT SPINE W/CATH C/T	305
62326	1603075	ANEST INJECT SPINE W/CATH L/S	321
63661	1603174	ANEST REV/REMLV NEUROELECT	1,232
27096	1603695	ANEST INJECT SACROILIAC JOINT	334
77003	1603703	ANEST FLUOROSCOPE EXAM EXTENS	197
77003	1603745	ANEST FLUOROGUIDE FOR SPINE IN	197
99465	1604412	ANEST NBORN RESUS	304
32405	1700079	ANEST PUNCTURE/CLEAR LUNG	820
32554	1700087	ANEST THORACENTESIS FOR ASPIRATION	426
64490	1700426	ANES INJ PARAVERT F JNT C/T 1 LEV	396
64491	1700434	ANES INJ PARAVERT F JNT C/T 2 LEV	195
64492	1700442	ANES INJ PARAVERT F JNT C/T 3 LEV	197
64493	1700459	ANES INJ PARAVERT F JNT L/S 1 LEV	359
64494	1700467	ANES INJ PARAVERT F JNT L/S 2 LEV	180
64495	1700475	ANES INJ PARAVERT F JNT L/S 3 LEV	180

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	PHYSICIAN SERVICES	\$
64633	1700483	ANES DESTROY CERV/THOR FACET JNT	878
64634	1700491	ANES DESTROY C/TH FACET JNT ADDL	395
64635	1700509	ANES DESTROY LUMB/SAC FACET JNT	868
64636	1700517	ANES DESTROY L/S FACET JNT ADDL	359
99151	1700525	ANES MOD SED SAME PHYS/QHP <5 YRS	162
99152	1700533	ANES MOD SED SAME PHYS/QHP 5/>YRS	108
99153	1700541	ANES MOD SED SAME PHYS/QHP EA	23
<b>PAIN MANAGEMENT - ANESTHETIST</b>			
01996	1604446	PM HOSP DAILY CONT DRUG AD	51
01999	1605583	PM UNLISTED ANESTH PROC	140
20526	1604453	PM THER INJECTION CARP TUN	163
20550	1604461	PM INJ TENDON SHEATH/LIGAME	111
20551	1604479	PM INJ TENDON ORIGIN/INSERT	127
20552	1604487	PM INJ TRIGGER POINT 1/2 M	116
20553	1604495	PM INJECT TRIGGER POINTS =	133
20600	1604503	PM DRN/INJ JOINT/BURS SM	101
20605	1604511	PM DRN/INJ JOINT/BURS INTER	106
20610	1604529	PM DRN/INJ JOINT/BURS MAJ	127
27096	1604537	PM INJECT SACROILIAC JOINT	334
62263	1604545	PM EPIDURAL LYSIS MULT SESS	1,253
62264	1604552	PM EPIDURAL LYSIS ON SINGLE	880
62270	1604560	PM SPINAL FLUID TAP DIAGNO	332
62273	1604578	PM INJECT EPIDURAL PATCH	365
62350	1604628	PM IMPLANT SPINAL CANAL CAT	848
62360	1604636	PM INS SPINE INFUS P SUBQ	662
62361	1604644	PM INS SPINE INFUS P NON PROG	918
62362	1604651	PM REMVL SPINE INFUS PUMP	815
62365	1604669	PM REMVL SPINE INFUSION DE	630
62367	1604677	PM ANALYZE SPINE INFUSION P	89
62368	1604685	PM ANALYZE SPINE INFUSION P	120
63650	1604693	PM IMPLANT NEUROELECTR	2,768
63685	1604719	PM INSRT/REDO SPINE N GENER	771
63688	1604727	PM REV/REML NEURORECEI	792
64400	1604735	PM N BLK INJ TRIGEMINAL	275
64402	1604743	PM N BLK INJ FACIAL	296
64405	1604750	PM N BLK INJ OCCIPITAL	216
64408	1604768	PM N BLK INJ VAGUS	244
64410	1604776	PM N BLK INJ PHRENIC	324
64413	1604792	PM N BLK INJ CERVICAL PL	267
64415	1604800	PM N BLK INJ BRACHIAL PL	248

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
64416	1604818	PM N BLK CONT INFUSE B P	167
64417	1604826	PM N BLK INJ AXILLARY	272
64418	1604834	PM N BLK INJ SUPRASCAPUL	246
64420	1604842	PM N BLK INJ INTER SNGL	234
64421	1604859	PM N BLK INJ INTER MULTI	317
64425	1604867	PM N BLK INJ ILIO-ING/HY	281
64430	1604875	PM N BLK INJ PUDENDAL	288
64435	1604883	PM N BLK INJ PARACERVICA	286
64445	1604891	PM N BLK INJ SCIATIC SN	288
64446	1604909	PM N BLK INJ SCIATIC CONT	167
64447	1604917	PM N BLK INJ FEM SINGLE	255
64448	1604925	PM N BLK INJ FEM CONT IN	151
64449	1604933	PM N BLK INJ LUMBAR PLEX	179
64450	1604941	PM N BLK OTHER PERIPHERA	168
64479	1604990	PM INJ FORAMEN EPIDU C/T	492
64480	1605005	PM INJ FORAMEN EPIDU ADD	237
64483	1605013	PM INJ FORAMEN EPIDU L/S	457
64484	1605021	PM INJ FORAMEN EPIDU ADD	193
64505	1605039	PM N BLK SPENOPALAT G	230
64508	1605047	PM N BLK CAROTID SINUS S	104
64510	1605054	PM N BLK STELL GANG	267
64517	1605062	PM N BLK INJ HYOGAS PLX	398
64520	1605070	PM N BLK L/T	393
64530	1605088	PM N BLK INJ CELIAC PELU	395
64600	1605096	PM INJ NERVE SOMATIC	852
64605	1605104	PM INJ NERVE 2ND/3RD GUID	1,144
64610	1605112	PM INJ NERVE SOMATIC 2ND/3RD	1,561
64620	1605120	PM INJ INTERCOSTAL NERVE	430
64630	1605179	PM INJET N PUDENDAL	483
64640	1605187	PM INJET N PERIPHIAL	278
64680	1605195	PM INJET N CELIAC PLEX	634
64681	1605203	PM INJET N HYPOGASTRIC	1,089
72275	1605211	PM EPIDUROGRAPHY	241
76937	1605609	PM US GUIDE VASCULAR ACCESS	66
77001	1605245	PM FLUOROGUIDE FOR VEIN DEV	175
77002	1605252	PM NEEDLE LOCALIZATION BY X	197
77003	1605260	PM FLUOROGUIDE FOR SPINE IN	197
95970	1605278	PM ANALYZE NEUROSTIM NO PR	145
95971	1605286	PM ANALYZE NEUROSTIM SIMPL	107
95991	1605294	PM SPIN/BRAIN PUMP REFIL &	250

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
99140	1605591	PM COMPLICATED BY ER	85
99201	1605302	PM OUTPATIENT VISIT LV I NEW	93
99202	1605310	PM OUTPATIENT VISIT LV II NEW	156
99203	1605328	PM OUTPATIENT VISIT LV III NEW	225
99204	1605336	PM OUTPATIENT VISIT LV IV NEW	342
99205	1605344	PM OP VIS LV V NP	431
99211	1605351	PM OP VIS LV 1 EP	45
99212	1605369	PM OP VIS LV II EP	91
99213	1605377	PM OP VIS LV III EP	152
99214	1605385	PM OP VIS LV IV EP	224
99215	1605393	PM OP VIS LV V EP	302
99221	1605401	PM INI HOSP CARE LV I	211
99222	1605419	PM INI HOSP CARE LV II	285
99223	1605427	PM INI HOSP CARE LV III	423
99231	1605435	PM SUB HOSP CARE LV I	82
99232	1605443	PM SUB HOSP CARE LV II	152
99233	1605450	PM SUB HOSP CARE LV III	217
99238	1605468	PM HOSP DISCH DAY LV I	152
99239	1605476	PM HOSP DISCH DAY LV II	225
99241	1605484	PM OFF CON LV I	99
99242	1605492	PM OFF CON LV II	186
99243	1605500	PM OFF CON LV III	254
99244	1605518	PM OFF CON LV IV	380
99245	1605526	PM OFF CON LV V	463
99251	1605534	PM INPAT CON LV I	102
99252	1605542	PM INPAT CON LV II	155
99253	1605559	PM INPAT CON LV III	239
99254	1605567	PM INPAT CON LV IV	348
99255	1605575	PM INPAT CON LV V	418
27096	1604537	PM INJECT SACROILIAC JOINT	334
62320	1604586	PM NJX INTERLAMINAR CRV/THRC	348
62322	1604594	PM NJX INTERLAMINAR LMBR/SAC	327
62324	1604602	PM NJX INTERLAMINAR CRV/THRC	305
62326	1604610	PM NJX INTERLAMINAR LMBR/SAC	321
63661	1604701	PM REMOVE SPINE ELTRD PERQ ARAY	1,232
27096	1605229	PM INJECT SACROILIAC JOINT	334
77003	1605237	PM FLUOROGUIDE FOR SPINE INJECT	197
77003	1605260	PM FLUOROGUIDE FOR SPINE IN	197
64490	1605666	PM INJ PARAVERT F JNT C/T 1 LEV	396
64491	1605674	PM INJ PARAVERT F JNT C/T 2 LEV	195

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
64492	1605682	PM INJ PARAVERT F JNT C/T 3 LEV	197
64493	1605690	PM INJ PARAVERT F JNT L/S 1 LEV	359
64494	1605708	PM INJ PARAVERT F JNT L/S 2 LEV	180
64495	1605716	PM INJ PARAVERT F JNT L/S 3 LEV	180
64633	1605724	PM DESTROY CERV/THOR FACET JNT	878
64634	1605732	PM DESTROY C/TH FACET JNT ADDL	395
64635	1605740	PM DESTROY LUMB/SAC FACET JNT	868
64636	1605757	PM DESTROY L/S FACET JNT ADDL	359
<b>CARDIOLOGIST</b>			
99201	1606003	CARDIOLOGIST OV LV1 NP	93
99203	1606011	CARDIOLOGIST OV LV2 NP	225
99205	1606029	CARDIOLOGIST OV LV3 NP	431
99211	1606037	CARDIOLOGIST OV LV1 EP	45
99213	1606045	CARDIOLOGIST OV LV2 EP	152
99215	1606052	CARDIOLOGIST OV LV3 EP	302
99221	1606060	CARDIOLOGIST HV LV1 NP	211
99222	1606078	CARDIOLOGIST HV LV2 NP	285
99223	1606086	CARDIOLOGIST HV LV3 NP	423
99231	1606128	CARD HOSP FOLLOW UP ROUTINE	82
99231	1606094	CARDIOLOGIST HV LV1 EP	82
99232	1606136	CARD HOSP FOLLOW GT ROUTINE	152
99232	1606102	CARDIOLOGIST HV LV2 EP	152
99233	1606144	CARD HOSP FOLLOW UP COMPLEX ICU	217
99233	1606110	CARDIOLOGIST HV LV3 EP	217
99251	1606151	CARD HOSP CONSULT MINOR	102
99252	1606169	CARD HOSP CONSULT LOW COMPLEXITY	155
99253	1606177	CARD HOSP CONSULT MOD COMPLEXITY	239
99254	1606185	CARD HOSP CONSULT HIGH COMPLEXITY	348
99255	1606193	CARD HOSP CONSULT CRITICAL	418
99291	1606201	CARD CRIT CARE DET 1ST HOUR	571
99292	1606219	CARD CRIT CARE DET EA ADD 30 MIN	256
33210	1710003	CARD INSERT OF HEART ELECTRODE	352
33211	1710011	CARD INSERT OF HEART ELECTRODE	363
78414	1710029	CARD NON-IMAG HEART FUNCTION	155
78451	1710037	CARD HEART IMAGE (3D) SINGLE	735
78452	1710045	CARD HEART IMAGE (3D) MULTIPLE	1,024
78453	1710052	CARD HEART MUSCLE BLOODSINGLE	656
78454	1710060	CARD HEART MUSCLE BLOOD MULT	943
78472	1710078	CARD GATED HEART PLANAR SINGLE	494
78473	1710086	CARD GATED HEART MULTIPLE	623

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
78481	1710094	CARD HEART FIRST PASS SINGLE	377
78483	1710102	CARD HEART FIRST PASS MULTIPLE	520
92960	1710110	CARD CARDIOVERSION ELECTRIC EXT	334
93000	1710128	CARD ELECTROCARDIOGRAM COMPL	35
93015	1710136	CARD CARDIOVASCULAR STRESS TEST	149
93016	1710144	CARD CARDIOVASCULAR STRESS TEST	46
93017	1710151	CARD CARDIOVASCULAR STRESS TEST	71
93018	1710169	CARD CARDIOVASCULAR STRESS TEST	31
93024	1710177	CARD CARDIAC DRUG STRESS TEST	233
93040	1710185	CARD RHYTHM STRIP	27
93225	1710193	CARD ECG MONITOR/RECORD 24 HRS	55
93226	1710201	CARD ECG MONITOR/REPORT 24 HRS	79
93227	1710219	CARD ECG MONITOR/REVIEW 24 HRS	56
93228	1710227	CARD ECG MONITOR/REVIEW >24 HRS	54
93270	1710243	CARD ECG RECORDING	19
93271	1710250	CARD ECG/MONITORING AND ANALYSIS	357
93272	1710268	CARD ECG/REVIEW INTERPRET ONLY	53
93279	1710276	CARD PM DEVICE PROGR EVAL SINGLE	103
93280	1710284	CARD PM DEVICE PROGR EVAL DUAL	122
93281	1710292	CARD PM DEVICE PROGR EVAL MULTI	132
93282	1710300	CARD ICD DEVICE PROG EVAL 1 SINGLE	127
93283	1710318	CARD ICD DEVICE PROGR EVAL DUAL	163
93284	1710326	CARD ICD DEVICE PROGR EVAL MULTI	177
93285	1710334	CARD ILR DEVICE EVAL PROGR	89
93286	1710342	CARD PRE-OPP PM DEVICE EVAL	63
93287	1710359	CARD PRE-OP ICD DEVICE EVAL	80
93288	1710367	CARD PM DEVICE EVAL IN PERSON	80
93289	1710375	CARD ICD DEVICE INTERROGATE	113
93290	1710383	CARD ICM DEVICE EVAL	77
93291	1710391	CARD ILR DEVICE INTERROGATE	68
93292	1710409	CARD WCD DEVICE INTERROGATE	77
93293	1710417	CARD PM PHONE R-STRIP DEVICE EVAL	111
93294	1710425	CARD PM DEVICE INTERROGATE REMOTE	64
93295	1710433	CARD ICD DEVICE INTERROGATE REMOTE	115
93296	1710441	CARD PM/CD REMOTE TECH SERVICE	55
93297	1710458	CARD ICM DEVICE INTERROGATE REMOTE	55
93298	1710466	CARD ILR DEVICE INTERROGATE REMOTE	56
93299	1710474	CARD ICM/ILR REMOTE TECH SERVICE	117
93307	1710490	CARD TTE W/O DOPPLER COMPLETE	298
93308	1710482	CARD TTE W/DOPPLER COMPLETE	221

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
93312	1710516	CARD ECHO TRANSESOPHAGEAL	518
93313	1710524	CARD ECHO TRANSESOPHAGEAL	24
93314	1710532	CARD ECHO TRANSESOPHAGEAL	500
93315	1710540	CARD ECHO TRANSESOPHAGEAL	541
93316	1710557	CARD ECHO TRANSESOPHAGEAL	57
93317	1710565	CARD ECHO TRANSESOPHAGEAL	390
93318	1710573	CARD ECHO TRANSESOPHAGEAL INTRAOP	440
93320	1710581	CARD DOPPLER ECHO EXAM HEART	113
93321	1710599	CARD DOPPLER ECHO EXAM HEART	57
93325	1710607	CARD DOPPLER COLOR FLOW ADD-ON	54
93350	1710615	CARD STRESS TTE ONLY	434
93351	1710623	CARD STRESS TTE COMPLETE	489
93352	1710631	CARD ADMIN ECG CONTRAST AGENT	71
93503	1710649	CARD INSERT/PLACE HEART CATHETER	220
93786	1710656	CARD AMBULATORY BP RECORDING	62
93788	1710664	CARD AMBULATORY BP ANALYSIS	11
93790	1710672	CARD REVIEW/REPROT BP RECORDING	39
96372	1710680	CARD THER/PROPH/DIAG INJ. SC/IM	43
99202	1710698	CARDIOLOGIST OV LV2 NP	156
99204	1710706	CARDIOLOGIST OV LV4 NP	342
99212	1710714	CARDIOLOGIST OV LV2 EP	91
99214	1710722	CARDIOLOGIST OV LV4 EP	224
99241	1710730	CARD OFFICE CONSULT MINOR	99
99242	1710748	CARD OFFICE CONSULT LOW COMPLEXITY	186
99243	1710755	CARD OFFICE CONSULT MOD COMPLEXITY	254
99244	1710763	CARD OFFICE CONSULT HIGH COMPLEXITY	380
99245	1710771	CARD OFFICE CONSULT CRITICAL	463
99308	1710508	CARD ECHO EXAM OF HEART	144
93224	1710235	CARD ECG MONITOR/REPORT 24 HRS	190
75571	1710862	CARD HRT W/O DYE W/CA TEST	215
75572	1710870	CARD HRT W/3D IMAGE	595
75573	1710888	CARD HRT W/3D IMAGE CONGEN	812
75574	1710896	CARD ANGIO HRT W/3D IMAGE	884
		<b>DI - CARDIAC CT</b>	
75571	1622422	CT HRT W/O DYE W/CA TEST	215
75572	1622430	CT HRT W/3D IMAGE	595
75573	1622448	CT HRT W/3D IMAGE CONGEN	812
75574	1622455	CT ANGIO HRT W/3D IMAGE	884
		<b>ENDOCRINOLOGIST</b>	
99201	1607001	ENDOCRINOLOGIST OV LV1 NP	93



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
99202	1607019	ENDOCRINOLOGIST OV LV2 NP	156
99203	1607027	ENDOCRINOLOGIST OV LV3 NP	225
99204	1607035	ENDOCRINOLOGIST OV LV4 NP	342
99205	1607043	ENDOCRINOLOGIST OV LV5 NP	431
99211	1607050	ENDOCRINOLOGIST OV LV1 EP	45
99212	1607068	ENDOCRINOLOGIST OV LV2 EP	91
99213	1607076	ENDOCRINOLOGIST OV LV3 EP	152
99214	1607084	ENDOCRINOLOGIST OV LV4 EP	224
99215	1607092	ENDOCRINOLOGIST OV LV5 EP	302
99221	1607100	ENDOCRINOLOGIST HV LV1 NP	211
99222	1607118	ENDOCRINOLOGIST HV LV2 NP	285
99223	1607126	ENDOCRINOLOGIST HV LV3 NP	423
99231	1607134	ENDOCRINOLOGIST HV LV1 EP	82
99232	1607142	ENDOCRINOLOGIST HV LV2 EP	152
99233	1607159	ENDOCRINOLOGIST HV LV3 EP	217
99241	1607167	ENDOC OFFICE CONSULT MINOR	99
99242	1607175	ENDOC OFFICE CONSULT LOW COMPLEX	186
99243	1607183	ENDOC OFFICE CONSULT MOD COMPLEX	254
99244	1607191	ENDOC OFFICE CONSULT HIGH COMPLEX	380
99245	1607209	ENDOC OFFICE CONSULT CRITICAL	463
99251	1607217	ENDOC HOSP CONSULT MINOR	102
99252	1607225	ENDOC HOSP CONSULT LOW COMPLEXITY	155
99253	1607233	ENDOC HOSP CONSULT MOD COMPLEXITY	239
99254	1607241	ENDOC HOSP CONSULT HIGH COMPLEXITY	348
99255	1607258	ENDOC HOSP CONSULT CRITICAL	418
99291	1607266	ENDOC CRITICAL CARE DET 1ST HOUR	571
99292	1607274	ENDOC CRITICAL CARE DET EA ADD 3 M	256
		<b>GYNECOLOGIST</b>	
57400	1608009	GYN DILATION OF VAGINA	278
57410	1608017	GYN PELVIC EXAMINATION	226
57415	1608025	GYN REMOVE VAGINAL FOREIGN BODY	336
57420	1608033	GYN EXAM OF VAGINA W/SCOPE	247
57421	1608041	GYN EXAM/BIOPSY OF VAG W/SCOPE	330
57423	1608058	GYN RPR PARAVAG DEFECT LAP	1,904
57425	1608066	GYN LAPAROSCOPY SURG COLPOPE	2,025
57452	1608074	GYN EXAM OF CERVIX W/SCOPE	228
57454	1608082	GYN BX/CURETT OF CERVIX W/SCOPE	317
57455	1608090	GYN BIOPSY OF CERVIX W/SCOPE	298
57456	1608108	GYN ENDOCERV CURETTAGE W/SCOPE	281
57460	1608116	GYN BX OF CERVIX W/SCOPE LEEP	587

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
57461	1608124	GYN CONZ OF CERVIX W/SCOPE LE	664
57500	1608132	GYN BIOPSY OF CERVIX	266
57505	1900141	GYN ENDOCERVICAL CURETTAG	214
57511	1608165	GYN CRYOCAUTERY OF CERVIX	303
57513	1608173	GYN LASER SURG OF CERVIX	306
57520	1608181	GYN CONIZATION OF CERVIX	644
57522	1608199	GYN CONIZAT CERVIX LOOP ELECT	550
57530	1608207	GYN REMOVAL OF CERVIX	723
57531	1608215	GYN REMOVAL OF CERVIX RADICAL	3,507
57540	1608223	GYN REMOVAL OF RESIDUAL CERVIX	1,614
57545	1608231	GYN REMOVE CERVIX/RPR PELVI	1,703
57550	1608249	GYN REMOVAL OF RESIDUAL CERVIX	845
57555	1608256	GYN REMOVE CERVIX/RPR VAGIN	1,245
57556	1608264	GYN REMOVE CERVIX RPR BOWE	1,178
57558	1608272	GYN D&C OF CERVICAL STUMP	258
57700	1608280	GYN REVISION CERVIX NON OB	644
57720	1608298	GYN REVISION OF CERVIX	637
57720	1900299	GYN REVISION OF CERVIX	637
57800	1608306	GYN DILATION OF CERVICAL CANAL	125
58100	1608314	GYN BIOPSY OF UTERUS LINING	227
58110	1608322	GYN BX DONE W/COLPOSCOPY ADD-O	101
58120	1608330	GYN DILATION AND CURETTAGE	541
58140	1608348	GYN MYOMECTOMY ABDOM METHOD	1,913
58145	1608355	GYN MYOMECTOMY VAG METHOD	1,147
58146	1608363	GYN MYOMECTOMY ABDOM COMPLEX	2,388
58150	1608371	GYN TOTAL HYSTERECTOMY	2,132
58152	1900380	GYN TOTAL HYSTERECT W/COL	2,607
58152	1608389	GYN TOTAL HYSTERECT W/COLPO	2,607
58180	1608397	GYN PARTIAL HYSTERECTOMY	2,011
58200	1608405	GYN TOTAL HYSTERECT ABDOMINAL	2,912
58210	1900414	GYN HYSTERECT RAD ABDOMIN	3,922
58210	1608413	GYN HYSTERECT RAD ABDOMINAL	3,922
58240	1608421	GYN REMOVAL OF PELVIS CONTENTS	6,171
58260	1608439	GYN VAGINAL HYSTERECTOMY	1,717
58262	1608447	GYN VAG HYST INCLUDING T/O	1,913
58263	1608454	GYN VAG HYST W/T/O & VAG REPAI	2,055
58267	1608462	GYN VAG HYST W/URINARY RPR	2,183
58270	1608470	GYN VAG HYST W/ENTEROCELE REPA	1,833
58275	1608488	GYN HYSTERECT/REVISE VAG	2,047
58280	1900497	GYN HYSTERECT/REVISE VAG	2,177

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
58280	1608496	GYN HYSTERECT/REVISE VAG W/RPR	2,177
58285	1900505	GYN EXTENSIVE HYSTERECTOM	3,050
58285	1608504	GYN EXTENSIVE HYSTERECTOMY	3,050
58290	1608512	GYN VAG HYST COMPLEX	2,385
58291	1608520	GYN VAG HYST INCL T/O COMPLEX	2,588
58292	1608538	GYN VAG HYST T/O & RPR COM	2,720
58293	1608546	GYN VAG HYST W/URO RPR COM	2,828
58294	1608553	GYN VAG HYST W/ENTEROCELE COM	2,520
58300	1608561	GYN INSERT INTRAUTERINE DEVICE	154
58301	1608579	GYN REMOVE INTRAUTERINE DEVICE	199
58321	1608587	GYN ARTIFICIAL INSEMINATION	160
58322	1900596	GYN ARTIFICIAL INSEM INTR	180
58322	1608595	GYN ARTIFICIAL INSEM INTRA/U	180
58323	1608603	GYN SPERM WASHING	32
58340	1608611	GYN CATHETER FOR HYSTEROGRAPHY	250
58345	1608629	GYN REOPEN FALLOPIAN TUBE	577
58346	1608637	GYN INSERT HEYMAN UTERI CAPSUL	950
58350	1608645	GYN REOPEN FALLOPIAN TUBE	202
58353	1608652	GYN ENDOMETR ABLATE THERMAL	2,092
58356	1608660	GYN ENDOMETRIAL CRYOABLATION	3,898
58400	1608678	GYN SUSPEN UTERUS	920
58410	1900687	GYN SUSPEN UTERUS W/SYMPA	1,665
58410	1608686	GYN SUSPEN UTERUS W/SYMPATH	1,665
58520	1608694	GYN RPR OF RUPTURED UTERUS	1,630
58540	1608702	GYN REVISION OF UTERUS	1,880
58541	1608710	GYN LSH UTERUS 250 G OR LESS	1,491
58542	1608728	GYN LSH W/T/O UT 250 G OR LESS	1,700
58543	1608736	GYN LSH UTERUS ABOVE 250 G	1,721
58544	1608744	GYN LSH W/T/O UTERUS ABOVE 250	1,873
58545	1608751	GYN LAPAROSCOPIC MYOMECTOMY	1,883
58546	1608769	GYN LAPARO-MYOMECTOMY COMPLEX	2,329
58548	1608777	GYN LAP RADICAL HYST	4,031
58550	1608785	GYN LAPARO-ASST VAG HYSTERECTO	1,833
58552	1608793	GYN LAPARO-VAG HYST INCL T/O	2,062
58553	1608801	GYN LAPARO-VAG HYST COMPLEX	2,343
58554	1608819	GYN LAPARO-VAG HYST W/T/O COM	2,770
58555	1608827	GYN HYSTEROSCOPY DX SEP PROC	560
58558	1608835	GYN HYSTEROSCOPY BIOPSY	2,837
58559	1608843	GYN HYSTEROSCOPY LYSIS	608
58560	1608850	GYN HYSTEROSCOPY RESECT SEPTU	663

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
58561	1608868	GYN HYSTEROSCOPY REMOVE MYOMA	759
58562	1608876	GYN HYSTEROSCOPY REMOVE FB	708
58563	1608884	GYN HYSTEROSCOPY ABLATION	3,310
58565	1608892	GYN HYSTEROSCOPY STERILIZATIO	3,880
58570	1608900	GYN TLH UTERUS 250 G OR LESS	1,630
58571	1608918	GYN TLH W/T/O 250 G OR LESS	1,882
58572	1608926	GYN TLH UTERUS OVER 250 G	2,144
58573	1608934	GYN TLH W/T/O UTERUS OVER 250	2,555
58600	1608942	GYN DIVIS FALLOPIAN TUBE	755
58605	1608959	GYN DIVIS FALLOP TUBE POST PART	683
58611	1608967	GYN LIGATE OVIDUCT(S) ADD-ON	161
58615	1608975	GYN OCCLUDE FALLOPIAN TUBE(S)	505
58660	1608983	GYN LAPAROSCOPY LYSIS	1,406
58661	1608991	GYN LAPAROSCOPY REMOVE ADNEXA	1,359
58662	1609007	GYN LAPAROSCOPY EXCISE LESION	1,484
58670	1609015	GYN LAPAROSCOPY TUBAL CAUTERY	757
58671	1609023	GYN LAPAROSCOPY TUBAL BLK	756
58672	1609031	GYN LAPAROSCOPY FIMBRIOPLASTY	1,522
58673	1609049	GYN LAPAROSCOPY SALPINGOSTOMY	1,655
58700	1609056	GYN REMOVAL OF FALLOPIAN TUBE	1,630
58720	1609064	GYN REMOVAL OF OVARY/TUBE(S)	1,547
58740	1609072	GYN REVISE FALLOPIAN TUBE(S)	1,859
58750	1609080	GYN RPR OVIDUCT	1,865
58752	1609098	GYN REVISE OVARIAN TUBE(S)	1,860
58760	1609106	GYN REMOVE TUBAL OBSTRUCTION	1,676
58770	1609114	GYN CREATE NEW TUBAL OPENING	1,765
58800	1609122	GYN DRAINAGE OF OVARIAN CYST(S)	661
58805	1609130	GYN DRAIN OVARIAN CYST(S) ABDOMINA	838
58820	1609148	GYN DRAIN OVARY ABSCESS OPEN	647
58822	1609155	GYN DRAIN OVARY ABSCESS PERCU	1,449
58825	1609171	GYN TRANSPOSITION OVARY(S)	1,439
58900	1609189	GYN BIOPSY OF OVARY(S)	857
58920	1609197	GYN PARTIAL REMOVAL OF OVARY(S)	1,450
58925	1609205	GYN REMOVAL OF OVARIAN CYST(S)	1,563
58940	1609213	GYN REMOVAL OF OVARY(S)	1,107
58943	1901222	GYN REMOVAL OVARY(S) MALI	2,489
58943	1609221	GYN REMOVAL OVARY(S) MALIG	2,489
58950	1609239	GYN RES OVARIAN W/MALIG	2,401
58951	1901248	GYN RES OVARIAN W/MALIG/H	3,088
58951	1609247	GYN RES OVARIAN W/MALIG/HYST	3,088

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
58952	1901255	GYN RES OVARIAN W/MALIG/R	3,489
58952	1609254	GYN RES OVARIAN W/MALIG/RADICAL	3,489
58953	1609262	GYN TAH RAD DISSECT FOR DEBUL	4,324
58954	1609270	GYN TAH RAD DEBULK/LYMPH REMOV	4,703
58956	1609288	GYN BSO OMENTECTOMY W/TAH	2,934
58957	1609296	GYN RESECT RECURRENT GYN MAL	3,373
58958	1609304	GYN RESECT RECUR GYN MAL W/LYM	3,520
58960	1609312	GYN EXPLORATION OF ABDOMEN	2,065
58970	1609320	GYN RETRIEVAL OF OOCYTE	462
58976	1609338	GYN TRANSFER OF EMBRYO	513
99201	1609346	GYN OV LV1 NP	93
99203	1609353	GYN OV LV3 NP	225
99203	1901354	GYN OV LV3 NP	225
99205	1609361	GYN OV LV5 NP	431
99205	1901362	GYN OV LV5 NP	431
99211	1609379	GYN OV LV1 EP	45
99213	1609387	GYN OV LV3 EP	152
99213	1901388	GYN OV LV3 EP	152
99215	1609395	GYN OV LV3 EP	302
99221	1609403	GYN INIT HOSP CARE LV1	211
99222	1609411	GYN INIT HOSP CARE LV2	285
99222	1901412	GYN INIT HOSP CARE LV2	285
99223	1609429	GYN INIT HOSP CARE LV3	423
99223	1901420	GYN INIT HOSP CARE LV3	423
99231	1609460	GYN SUB HOSP CARE	82
99231	1609437	GYN SUBS HOSP CARE LV1	82
99232	1609478	GYN SUB HOSP CARE	152
99232	1609445	GYN SUBS HOSP CARE LV2	152
99232	1901446	GYN SUBS HOSP CARE LV2	152
99233	1609486	GYN SUB HOSP CARE	217
99233	1609452	GYN SUBS HOSP CARE LV3	217
99233	1901453	GYN SUBS HOSP CARE LV3	217
99251	1609494	GYN INPATIENT CONSULT LV1	102
99252	1609502	GYN INPATIENT CONSULT LV2	155
99252	1901503	GYN INPATIENT CONSULT LV2	155
99253	1609510	GYN INPATIENT CONSULT LV3	239
99253	1901511	GYN INPATIENT CONSULT LV3	239
99254	1609528	GYN INPATIENT CONSULT LV4	348
99254	1901529	GYN INPATIENT CONSULT LV4	348
99255	1609536	GYN INPATIENT CONSULT LV5	418

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
99255	1901537	GYN INPATIENT CONSULT LV5	418
99291	1609544	GYN CRIT CARE DET 1ST HOUR	571
99292	1609551	GYN CRIT CARE DET EA ADD 30 MIN	256
59840	1910694	SUCTION D+C (TOP)	460
49407	1609163	GYN DRAIN PELVIC ABSCESS PERC	1,366
<b>HOSPITALIST</b>			
99221	1616101	HOSPITALIST LV 1 NP	211
99222	1616119	HOSPITALIST LV 2 NP	285
99223	1616127	HOSPITALIST LV 3 NP	423
99231	1616135	HOSPITALIST LV 1 EP	82
99232	1616143	HOSPITALIST LV 2 EP	152
99233	1616150	HOSPITALIST LV 3 EP	217
99251	1616168	HOSP CONSULT SELF LTD MINOR	102
99252	1616176	HOSP CONSULT LOW COMPLEXITY	155
99253	1616184	HOSP CONSULT MODERATE COMPLEXITY	239
99254	1616192	HOSP CONSULT HIGH COMPLEXITY	348
99255	1616077	HOSP CONSULT CRITICAL	418
99291	1616085	HOSP UNUSL CRIT CARE DETN 1ST 60 MN	571
99292	1616093	HOSP UNUSL CRIT CARE DETN ADD 30 MN	256
<b>INTENSIVIST</b>			
99221	1616200	INTENSIVIST LV 1 NP	211
99222	1616218	INTENSIVIST LV 2 NP	285
99223	1616226	INTENSIVIST LV 3 NP	423
99231	1616234	INTENSIVIST LV 1 EP	82
99232	1616242	INTENSIVIST LV 2 EP	152
99233	1616259	INTENSIVIST LV 3 EP	217
<b>INTERNIST</b>			
99201	1730001	INTERNIST OV LV1 NP	93
99202	1730019	INTERNIST OV LV2 NP	156
99203	1730027	INTERNIST OV LV3 NP	225
99204	1730035	INTERNIST OV LV4 NP	342
99205	1730043	INTERNIST OV LV5 NP	431
99211	1730050	INTERNIST OV LV1 EP	45
99212	1730068	INTERNIST OV LV2 EP	91
99213	1730076	INTERNIST OV LV3 EP	152
99214	1730084	INTERNIST OV LV4 EP	224
99215	1730092	INTERNIST OV LV5 EP	302
99221	1730100	INTERNIST HV LV1 NP	211
99222	1730118	INTERNIST HV LV2 NP	285
99223	1730126	INTERNIST HV LV3 NP	423

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
99231	1730134	INTERNIST HV LV1 EP	82
99232	1730142	INTERNIST HV LV2 EP	152
99233	1730159	INTERNIST HV LV3 EP	217
99241	1730167	INTERNIST OFFICE CONSLT MINOR	99
99242	1730175	INTERNIST OFFICE CONSLT LOW COMPLEX	186
99243	1730183	INTERNIST OFFICE CONSLT MOD COMPLEX	254
99244	1730191	INTERNIST OFFICE CONSLT HIGH COMPLE	380
99245	1730209	INTERNIST OFFICE CONSLT CRITICAL	463
99251	1730217	INTERNIST HOSP CONSLT MINOR	102
99252	1730225	INTERNIST HOSP CONSLT LOW COMPLX	155
99253	1730233	INTERNIST HOSP CONSLT MOD COMPLX	239
99254	1730241	INTERNIST HOSP CONSLT HIGH COMPLX	348
99255	1730258	INTERNIST HOSP CONSLT CRITICAL	418
99291	1730266	INTERNIST CRIT CARE DET 1ST HOUR	571
99292	1730274	INTERNIST CRIT CARE DET EA ADD 30 M	256
<b>INTERVENTIONAL RADIOLOGY</b>			
10160	1620004	IR ABSCESS DRAIN W/US & CT SKIN	273
19000	1620012	IR US GUIDE BREAST CYST ASP 1ST DRN	236
19001	1620020	IR US GUIDED BREAST CYST ASP, EACH	57
19081	1620038	IR BX BREAST 1ST LESION STRTCTC	1,446
19083	1620046	IR BX BREAST 1ST LESION US IMAG	1,406
19085	1620053	IR MRI BREAST BX PER CUT W/IMAGE	2,100
20206	1620087	IR US/CT GUIDE BDY NDL BIOP,MUSCLE	493
20220	1620095	IR US/CT GUIDE BDY NDL BIOP, BONE	351
20501	1620103	IR FISTULOGRAM DX INJ SINUS TRACT	247
23350	1620111	IR ARTHROGM SHOULDER INJ FOR XRAY	272
24220	1620129	IR ARTHROGRAM ELBOW INJ FOR XRAY	329
25246	1620137	IR ARTHROGRAM WRIST INJ FOR XRAY	338
27093	1620145	IR ARTHROGRAM HIP INJ FOR XRAY	393
27096	1620152	IR SACROILIAC INJ, JOINT	334
27370	1620160	IR ARTHROGRAM KNEE INJ FOR RAY	325
27648	1620178	IR ARTHROGRAM ANKLE INJ FOR XRAY	352
32405	1620186	IR US/CT GUIDE BODY NDL BIOPSY LUNG	820
36902	1620236	IR PTA VEIN REPAIR VENOUS BLOCKAGE	2,603
36005	1620244	IR PERIPHERAL VENOGRAM INJ VENOGRPH	679
36010	1620251	IR VENA CAVAOGRAM PLACE CATH IN VEI	1,007
36245	1620269	IR SELECT CATH PLACMNT 1ST LOW EXTR	2,735
36246	1620277	IR SELECTIVE CATH PLACEMNT 2ND ORDR	1,717
36247	1620285	IR SELECTIVE CATH PLACEMNT 3RD LOWR	3,131
36248	1620293	IR SELECTIVE CATH PLACEMNT EA ADDL	319

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
36475	1620301	IR VARICOSE VEIN LASR ABLA 1ST VEIN	3,170
36476	1620319	IR VARICOSE VEIN LASER ABLA EA ADD	616
36555	1620327	IR NON TUNNEL CATH < 5 YR INSERT	388
36556	1620335	IR NON TUNNEL CATH > 5 YEARS	440
36557	1620343	IR TUNNELED CATH W/O PORT <5 YEARS	1,961
36558	1620350	IR TUNNELED CATH W/O PORT > 5 YEARS	1,495
36560	1620368	IR CATHETER W/PORT < 5 YR INSERT	2,734
36560	1620376	IR CATHETER W/PORT < 5 YEAR INSERT	2,734
36561	1620384	IR CATHETERS W/PORT > 5 YR INSRT TU	2,270
36561	1620392	IR CATHETER W/PORT >5 YR INSERT TUN	2,270
36568	1620400	IR CATHETER 2X2 SITES INSERT TUN CV	457
36568	1620418	IR PICC LINE < 5 YR INSERT CATH	457
36569	1620426	IR PICC LINE < 5 YR INSERT CATH	518
37191	1620459	IR VC FILTERS REVISION OF MAJ VEIN	5,355
38221	1620467	IR US/CT GUIDE BDY NDL BIOP BONE MA	321
38505	1620475	IR US/CT GUIDE BODY NDL BIOP LYMPH	264
47000	1620483	IR US/CT GUIDE BODY NDL BIOP LIVER	641
49405	1620491	IR ABSC DRAIN US/CT LIVER PER CUT	1,691
47532	1620509	IR PERCUTANEOUS TX HEP BIL DRAIN	1,667
49406	1620517	IR ABSCESS DRAIN UNDER US/CT PERITO	1,690
49040	1620525	IR ABSCESS DRAIN US/CT SUBDIAPHRAGM	2,131
49440	1620541	IR GASTROSTOMIES	2,024
50395	1620566	IR NEPHROSTOMIES	380
60100	1620574	IR US/CT GUID BDY NDLE BIOPSY THYRD	237
62320	1620582	IR NJX INTERLAMINAR CRV/THRC	348
62322	1620590	IR NJX INTERLAMINAR LMBR/SAC	327
73040	1620608	IR RAD GUIDNC CONTRAST XRAY SHOULDR	211
73085	1620616	IR RAD GUIDNC CNTRST XRAY OF ELBOW	200
73115	1620624	IR RAD GUIDNC CNTRST XRAY OF WRIST	222
73201	1620632	IR CT GD W/CNTR CT UPR EXTRM W/DYE	464
73202	1620640	IR CT GUIDANCE W/WO CNTR W/O&W/DYE	579
73222	1620657	IR MRI GD W CONT MRI JNT UP EX W/DY	792
73223	1620665	IR MRI GUID W/WO CNT MRI JOINT	982
73525	1620673	IR RAD GUIDNC CNTRT XRAY OF HIP	215
27096	1620681	IR INJECT SACROILIAC JOINT	334
73580	1620699	IR RAD GUID CNTRT XRAY KNEE JOINT	244
73615	1620707	IR RAD GUID CNTRST X-RAY OF ANKLE	222
75710	1620723	IR RAD SUPERVSN UNILAT EXTRM ARTERY	359
75716	1620731	IR RAD SUPRVSN BILAT EXTRM ARTERY	407
75820	1620749	IR RAD SUPERVISION OF UNILAT EXTREM	241



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
75822	1620756	IR RAD SUPERVISION OF BILAT EXTREM	283
75825	1620764	IR RAD SUPERVISION	281
75894	1620772	IR RAD SPRVSN EMBLZTN TRNSCTH THRPY	2,157
75898	1620780	IR PST EMBLZTN ANGIOGRPH FU ANGIOGY	281
75989	1620848	IR GUIDANCE, ANY TYPE	253
76080	1620855	IR FISTULOGRM DX ONLY XRAY EX FSTLA	114
76872	1620863	IR ULTRASOUND TRANSRECTAL PROSTATE	203
76942	1620871	IR ULTRASD GUID ECHO GUID FR BIOPSY	125
77001	1620889	IR FLUOROGUIDE FOR VEIN DEVICE	175
77002	1620897	IR FLUROGUID NEEDL LOCLZTN BY XRAY	197
77003	1620905	IR USD FLUOROGUID FOR SPINE INJECT	197
77012	1620913	IR CT GUI CT SCAN FOR NEEDLE BIOPSY	260
77021	1620921	IR MRI G MR FR NDL PLCSN NDL BIOPY	814
99251	1620954	IR HOSP CONS SLF LTD MIN INPT CNSLT	102
99252	1620962	IR HOSP CONS LOW COMPLXTY INP CNSLT	155
99253	1620970	IR HOSP CONSULT MODERATE COMPLXTY	239
99254	1620988	IR HOSP CNS HIGH Cmplxty INPT CNSLT	348
99255	1620996	IR HOSP CONSULT CRITICL INP CONSLT	418
	1621002	IR CALL BCK FEE INTRVNTL PRC < 3 HR	528
	1621010	IR CALL BCK FEE INTRVNTL PRC > 3 HR	1,055
19084	1622091	IR BX BREAST ADD LESION US IMAG	1,146
19086	1622109	IR BX BREAST ADD LESION MR IMAG	1,702
37228	1622116	IR TIB/PER REVASC W/TLA	11,097
36905	1622117	IR THRMBC/NFS DIALYSIS CIRCUIT	4,794
36907	1622125	IR BALO ANGIOP CTR DIALYSIS SEG	1,575
37220	1622133	IR ILIAC REVASC	6,386
37221	1622141	IR ILIAC REVASC W/STENT	9,473
37222	1622158	IR ILIAC REVASC ADD-ON	1,795
37223	1622166	IR ILIAC REVASC W/STENT ADD-ON	5,308
37224	1622174	IR FEM/POPL REVAS W/TLA	7,754
37225	1622182	IR FEM/POPL REVAS W/ATHER	22,769
37226	1622190	IR FEM/POPL REVASC W/STENT	18,615
37227	1622208	IR FEM/POPL REVASC STNT & ATHER	30,811
37229	1622224	IR TIB/PER REVASC W/ATHER	22,453
37230	1622232	IR TIB/PER REVASC W/STENT	17,161
37231	1622240	IR TIB/PER REVASC STENT & ATHER	27,832
37241	1622257	IR VASC EMBOLIZE/OCCLUDE VENOUS	9,882
37242	1622265	IR VASC EMBOLIZE/OCCLUDE ARTERY	15,290
37243	1622273	IR VASC EMBOLIZE/OCCLUDE ORGAN	20,253
37246	1622281	IR TRLUML BALO ANGIOP 1ST ART	4,464

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
37247	1622307	IR TRLUML BALO ANGIOP ADDL ART	1,804
37249	1622315	IR TRLUML BALO ANGIOP ADDL VEIN	1,325
37619	1622323	IR LIGATION OF INF VENA CAVA	3,682
47533	1622331	IR PLMT BILIARY DRAINAGE CATH	2,578
47534	1622349	IR PLMT BILIARY DRAINAGE CATH	3,080
50432	1622356	IR PLMT NEPHROSTOMY CATHETER	1,617
50433	1622364	IR PLMT NEPHROURETERAL CATHETER	2,212
50434	1622372	IR CONVERT NEPHROSTOMY CATHETER	1,732
50435	1622380	IR EXCHANGE NEPHROSTOMY CATH	988
75574	1622398	IR CT ANGIO HRT W/3D IMAGE	884
19082	1622406	IR BX BREAST ADD LESION STRTCTC	1,194
<b>NEPHROLOGY</b>			
99201	1740000	NEPHROLOGIST OV LV1 NP	93
99202	1740018	NEPHROLOGIST OV LV2 NP	156
99203	1740026	NEPHROLOGIST OV LV3 NP	225
99204	1740034	NEPHROLOGIST OV LV4 NP	342
99205	1740042	NEPHROLOGIST OV LV5 NP	431
99211	1740059	NEPHROLOGIST OV LV1 EP	45
99212	1740067	NEPHROLOGIST OV LV2 EP	91
99213	1740075	NEPHROLOGIST OV LV3 EP	152
99214	1740083	NEPHROLOGIST OV LV4 EP	224
99215	1740091	NEPHROLOGIST OV LV5 EP	302
99221	1740109	NEPHROLOGIST HV LV1 NP	211
99222	1740117	NEPHROLOGIST HV LV2 NP	285
99223	1740125	NEPHROLOGIST HV LV3 NP	423
99231	1740133	NEPHROLOGIST HV LV1 EP	82
99232	1740141	NEPHROLOGIST HV LV2 EP	152
99233	1740158	NEPHROLOGIST HV LV3 EP	217
99241	1740166	NEPHRO OFFICE CONSULT MINOR	99
99242	1740174	NEPHRO OFFICE CONSULT LOW COMPL	186
99243	1740182	NEPHRO OFFICE CONSULT MOD COMPL	254
99244	1740190	NEPHRO OFFICE CONSULT HIGH COMPL	380
99245	1740208	NEPHRO OFFICE CONSULT CRITICAL	463
99251	1740216	NEPHRO HOSP CONSULT MINOR	102
99252	1740224	NEPHRO HOSP CONSULT LOW COMPLEX	155
99253	1740232	NEPHRO HOSP CONSULT MOD COMPLEX	239
99254	1740240	NEPHRO HOSP CONSULT HIGH COMPLEX	348
99255	1740257	NEPHRO HOSP CONSULT CRITICAL	418
99291	1740265	NEPHRO CRITICAL CARE DET 1ST HOUR	571
99292	1740273	NEPHRO CRITICAL CARE EA ADD 30 MINS	256

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	PHYSICIAN SERVICES	\$
		<b>NEUROLOGIST</b>	
92585	1750009	NEURO AUDITOR EVOKE POTENT COMPRE	283
95806	1750025	NEURO SLEEP STUDY UNATTENDED	355
95807	1750033	NEURO SLEEP STUDY ATTENDED	961
95808	1750041	NEURO POLYSOMNOGRAPHY 1-3	1,463
95810	1750058	NEURO POLYSOMNOGRAPHY 4 OR MORE	1,307
95811	1750066	NEURO POLYSOMNOGRAPHY W/CPAP	1,373
95822	1750074	NEURO EEG COMA OR SLEEP ONLY	797
95857	1750082	NEURO TENSILON TEST MYASTHENIA GRVS	113
95860	1750090	NEURO NEEDLE EMG ONE LIMB	258
95861	1750108	NEURO NEEDLE EMG 2 LIMBS	365
95863	1750116	NEURO NEEDLE EMG 3 LIMBS	466
95864	1750124	NEURO NEEDLE EMG 4 LIMBS	521
95867	1750132	NEURO MUSCLE TEST CRAN NERV UNILAT	213
95869	1750157	NEURO NEEDLE EMG THORC PARASP MSCL	196
95870	1750165	NEURO MUSCLE TEST NONPARASPINAL	199
95925	1750207	NEURO SOMATOSENSORY TESTING	277
95926	1750215	NEURO SOMATOSENSORY TESTIN	272
95927	1750223	NEURO SOMATOSENSORY TESTING	285
95928	1750231	NEURO MOTOR EVOKED UPPR LIMBS	446
95929	1750249	NEURO C MOTOR EVOKED LWR LIMBS	458
95930	1750256	NEURO VISUAL EVOKED POTENTIAL TEST	146
95933	1750264	NEURO BLINK REFLEX TEST	163
95937	1750298	NEURO NEUROMUSCULAR JUNCTION TEST	172
95953	1750306	NEURO 24 HOURS AMBULATORY EEG	906
97605	1750314	NEURO NEG PRESS WND THER </= 50 SQ	92
97606	1750322	NEURO NEG PRESS WND THER >50 SQ CM	109
99201	1750330	NEUROLOGIST OV LV1 NP	93
99202	1750348	NEUROLOGIST OV LV2 NP	156
99203	1750355	NEUROLOGIST OV LV3 NP	225
99204	1750363	NEUROLOGIST OV LV4 NP	342
99205	1750371	NEUROLOGIST OV LV5 NP	431
99211	1750389	NEUROLOGIST OV LV1 EP	45
99212	1750397	NEUROLOGIST OV LV2 EP	91
99213	1750405	NEUROLOGIST OV LV3 EP	152
99214	1750413	NEUROLOGIST OV LV4 EP	224
99215	1750421	NEUROLOGIST OV LV5 EP	302
99221	1750439	NEUROLOGIST HV LV1 NP	211
99222	1750447	NEUROLOGIST HV LV2 NP	285
99223	1750454	NEUROLOGIST HV LV3 NP	423

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
99231	1750462	NEUROLOGIST HV LV1 EP	82
99232	1750470	NEUROLOGIST HV LV2 EP	152
99233	1750488	NEUROLOGIST HV LV3 EP	217
99241	1750496	NEURO OFFICE CONSULT MINOR	99
99242	1750504	NEURO OFFICE CONSULT LOW COMPLEX	186
99243	1750512	NEURO OFFICE CONSULT MOD COMPLEX	254
99244	1750520	NEURO OFFICE CONSULT HIGH COMPLEX	380
99245	1750538	NEURO OFFICE CONSULT CRITICAL	463
99251	1750546	NEURO HOSP CONSULT MINOR	102
99252	1750553	NEURO HOSP CONSULT LOW COMPLEXITY	155
99253	1750561	NEURO HOSP CONSULT MOD COMPLEXITY	239
99254	1750579	NEURO HOSP CONSULT HIGH COMPLEXITY	348
99255	1750587	NEURO HOSP CONSULT CRITICAL	418
99291	1750595	NEURO CRIT CARE DET 1ST HOUR	571
99292	1750603	NEURO CRIT CARE DET EA ADD 30 MIN	256
95907	1750637	NEURO NVR CNDJ TST 1-2 STUDIES	205
95908	1750645	NEURO NRV CNDJ TST 3-4 STUDIES	265
95909	1750652	NEURO NRV CNDJ TST 5-6 STUDIES	316
95910	1750660	NEURO NRV CNDJ TEST 7-8 STUDIES	416
95911	1750678	NEURO NRV CNDJ TEST 9-10 STUDIES	496
95912	1750686	NEURO NRV CNDJ TEST 11-12 STUDIES	551
<b>OBSTETRICS</b>			
59000	1610005	OB AMNIOCENTESIS DIAGNOSTIC	266
59001	1610013	OB AMNIOCENTESIS THERAPEUTIC	381
59012	1610021	OB FETAL CORD PUNCTURE PRENATAL	430
59015	1610039	OB CHORION BIOPSY	331
59020	1610047	OB FETAL CONTRACT STRESS TEST	149
59025	1610070	OB FETAL NON-STRESS TEST	102
59030	1610104	OB FETAL SCALP BLOOD SAMPLE	240
59050	1610112	OB FETAL MONITOR W/REPORT	108
59051	1610120	OB FETAL MONITOR/INTERPRET ONLY	90
59070	1610138	OB TRANSABDOM AMNIOINFUS W/US	857
59072	1610146	OB UMBILICAL CORD OCCLUD W/US	1,113
59074	1610153	OB FETAL FLUID DRAINAGE W/US	827
59076	1610161	OB FETAL SHUNT PLACEMENT W/US	1,113
59100	1610179	OB REMOVE UTERUS LESION	1,766
59120	1610187	OB TREAT ECTOPIC PREGNANCY	1,681
59121	1910165	OB ECTOPIC PREG TUBAL/OVA	1,683
59121	1610195	OB ECTOPIC PREG TUBAL/OVAR	1,683
59130	1910173	OB ECTOPIC PREG ABDOMINCA	1,966

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
59130	1610203	OB ECTOPIC PREG ABDOMINCAL	1,966
59135	1910181	OB ECTOPIC PREG INTER W/P	1,943
59135	1610211	OB ECTOPIC PREG INTER W/PART HYST	1,943
59136	1910199	OB ECTOPIC PREG INTER W/T	1,861
59136	1610229	OB ECTOPIC PREG INTER W/TOTAL HYST	1,861
59140	1610237	OB ECTOPIC PREG CERVICAL	848
59150	1610245	OB ECTOPIC PREG LAPARSCOPIC	1,630
59151	1610252	OB ECTOPIC PREG LAP W/SALIP	1,581
59160	1610260	OB D & C AFTER DELIVERY	432
59200	1610278	OB INSERT CERVICAL DILATOR	152
59300	1610286	OB EPISIOTOMY OR VAGINAL REPAIR	409
59320	1610294	OB REVISION OF CERVIX	324
59325	1610302	OB REVISION OF CERVIX ABDOM	516
59350	1610310	OB RPR OF UTERUS	598
59400	1610328	OB OBSTETRICAL CARE	4,413
59409	1610336	OB DELIVER ONLY	1,726
59410	1610344	OB OBSTETRICAL CARE	2,205
59412	1610351	OB ANTEPARTUM MANIPULATION	219
59414	1610369	OB DELIVER PLACENTA	195
59425	1610377	OB ANTEPARTUM CARE 4-6 VISTS	959
59426	1610385	OB ANTEPARTUM CARE 7 OR MORE	1,714
59430	1610393	OB CARE AFTER DELIVERY	388
59510	1610401	OB CESAREAN DELIVERY	4,894
59514	1910512	OB ASSIST IN C-SECTION DE	1,943
59514	1610419	OB CESAREAN DELIVERY ONLY	1,943
59515	1610542	OB ASSIST IN C-SECTION DELIVERY	2,678
59515	1610427	OB CESAREAN DELIVERY	2,678
59525	1610435	OB REMOVE UTERUS AFTER CESAREAN	1,032
59610	1610443	OB VBAC DELIVERY	4,645
59612	1610450	OB VBAC DELIVERY ONLY	1,945
59614	1610468	OB VBAC CARE AFTER DELIVERY	2,418
59618	1610476	OB ATTEMPTED VBAC DELIVERY	4,958
59620	1610484	OB ATTEMPTED VBAC DELIVERY ONLY	2,014
59622	1610492	OB ATTEMPTED VBAC AFTER CARE	2,746
59812	1610500	OB TREATMENT OF MISCARRIAGE	671
59820	1610518	OB CARE OF MISCARRIAGE	802
59821	1910496	OB TREATMENT OF MISCARRIA	809
59821	1610526	OB TREATMENT OF MISCARRIAGE	809
59830	1610534	OB TREAT UTERUS INFECTION	923
59855	1910702	OB - INDUCED AB 2TR VAG SUPP	879

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
99217	1610559	OB OBSERVATION CASE DISCHARGE	152
99218	1610567	OB INITIAL OBSERV CASE LOW COMPLEX	208
99219	1610575	OB INITIAL OBSV CASE MODERATE COMPL	284
99220	1610583	OB INITIAL OBSERVATION HIGH COMPLEX	388
99223	1610591	OB INITIAL HOSPITAL CARE	423
99231	1610609	OB SUBSEQUENT HOSPITAL CARE	82
99251	1610617	OB HOSPITAL CONSULT SELF LMT MINOR	102
99252	1610625	OB HOSPITAL CONSULT LOW COMPLEXITY	155
99253	1610633	OB HOSPITAL CONSULT MODERATE COMPLX	239
99254	1610641	OB HOSPITAL CONSULT HIGH COMPLEXITY	348
99255	1610658	OB HOSPITAL CONSULT CRITICAL	418
99291	1610666	OB UNUSUAL CRIT CARE DETN 1ST 60 MN	571
99292	1610674	OB UNUSUAL CRIT CARE DETN ADD 30 MN	256
59855	1759976	INDUCED AB 2TR VAG SUPP DLVR FETUS	879
59840	1759984	SUCTION D+C (TOP)	460
59899	1759992	OB OBSTETRICIAN MALPRACTICE FEE	510
<b>ONCOLOGIST</b>			
99201	1616309	ONCOLOGIST OV LV1 NP	93
99203	1616317	ONCOLOGIST OV LV2 NP	225
99205	1616325	ONCOLOGIST OV LV3 NP	431
99211	1616333	ONCOLOGIST OV LV1 EP	45
99213	1616341	ONCOLOGIST OV LV2 EP	152
99215	1616358	ONCOLOGIST OV LV3 EP	302
99221	1616408	ONCOLOGIST HV LV1 NP	211
99222	1616416	ONCOLOGIST HV LV2 NP	285
99223	1616424	ONCOLOGIST HV LV3 NP	423
99231	1616432	ONCOLIGIST HV LV1 EP	82
99232	1616440	ONCOLOGIST HV LV2 EP	152
99233	1616457	ONCOLOGIST HV LV3 EP	217
99241	1616465	ONCOLOGIST CHEMO ORDERS	99
99241	1760008	ONC OFFICE CONSULT MINOR	99
99242	1760016	ONC OFFICE CONSULT LOW COMPLEXITY	186
99243	1760024	ONC OFFICE CONSULT MOD COMPLEXITY	254
99244	1760032	ONC OFFICE CONSULT HIGH COMPLEXITY	380
99245	1760040	ONC OFFICE CONSULT CRITICAL	463
99251	1760057	ONC HOSP CONSULT MINOR	102
99252	1760065	ONC HOSP CONSULT LOW COMPLEXITY	155
99253	1760073	ONC HOSP CONSULT MOD COMPLEXITY	239
99254	1760081	ONC HOSP CONSULT HIGH COMPLEXITY	348
99255	1760099	ONC HOSP CONSULT CRITICAL	418

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	PHYSICIAN SERVICES	\$
		<b>SURGERY</b>	
10060	1630003	OR DRNAGE OF SKN ABSCESS, SIMPLE	249
10061	1630011	OR DRNAGE OF SKN ABSCESS, COMPLI	432
10080	1630029	OR DRNAGE OF PILONIDAL CYST, SIMPLE	377
10081	1630037	OR DRNAGE OF PILONIDAL CYST, COMPLI	566
10120	1630045	OR REMV FORGN BODY, SIMPLE	323
10121	1630052	OR REMV FORGN BODY, COMPLI	577
10140	1630060	OR DRNAGE OF HEMATOMA/FLUID	345
10160	1630078	OR PUNCTURE DRNAGE OF LESN	273
11000	1630094	OR DEBRIDE INFECTED SKN	115
11001	1630102	OR DEBRIDE INFECTED SKN ADD-ON	45
11010	1630110	OR DEBRIDE SKN, FX	1,063
11011	1630128	OR DEBRIDE SKN/MUSCLE, FX	1,140
11012	1630136	OR DEBRIDE SKN/MUSCLE/BONE, FX	1,491
16020	1630144	OR DRESS/DEBRID PARTL-THICK BURN, S	173
11042	1630169	OR DEBRIDE SKN/TISSUE	247
11043	1630177	OR DEBRIDE TISSUE/MUSCLE	481
11044	1630185	OR DEBRIDE TISSUE/MUSCLE/BONE	658
11100	1630193	OR BIOPSY, SKN LESN	221
11101	1630201	OR BIOPSY, SKN ADD-ON	68
11200	1630219	OR REMVL OF SKN TAGS	188
11201	1630227	OR REMV SKN TAGS ADD-ON	41
11400	1630235	OR EXC BNGN SKN LESN, TRNK, 0.5 < C	264
11401	1630243	OR EXC BNGN SKN LESN, TRNK, 0.6-1 C	314
11402	1630250	OR EXC BNGN SKN LESN, TRNK, 1.1-2 C	351
11403	1630268	OR EXC BNGN SKN LESN, TRNK, 2.1-3 C	405
11404	1630276	OR EXC BNGN SKN LESN, TRNK, 3.1-4 C	459
11406	1630284	OR EXC BNGN SKN LESN, TRNK, > 4.0 C	662
11420	1630292	OR EXC BNGN LESN SCLP/NCK/HND/FT 0.	258
11421	1630300	OR EXC BNGN LESN SCLP/NCK/HND/FT 0.	330
11422	1630318	OR EXC BNGN LESN SCLP/NCK/HND/FT 1.	371
11423	1630326	OR EXC BNGN LESN SCLP/NCK/HND/FT 2.	423
11424	1630334	OR EXC BNGN LESN SCLP/NCK/HND/FT 3.	491
11426	1630342	OR EXC BNGN LESN SCLP/NCK/HND/FT >	704
11440	1630359	OR EXC BNGN LESN FACE/EAR/NSE/LIP 0	285
11441	1630367	OR EXC BNGN LESN FACE/EAR/NSE/LIP 0	353
11442	1630375	OR EXC BNGN LESN FACE/EAR/NSE/LIP 1	395
11443	1630383	OR EXC BNGN LESN FACE/EAR/NSE/LIP 2	470
11444	1630391	OR EXC BNGN LESN FACE/EAR/NSE/LIP 3	591
11446	1630409	OR EXC BNGN LESN FACE/EAR/NSE/LIP >	820

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
11450	1630417	OR REMVL, SWEAT GLAND LESN, AXILLRY	809
11451	1630425	OR REMVL, SWEAT GLAND LESN, AXILLRY	1,024
11462	1630433	OR REMVL, SWEAT GLAND LESN, INGL	789
11463	1630441	OR REMVL, SWEAT GLAND LESN, INGL -	1,035
11470	1630458	OR REMVL, SWEAT GLAND LESN, PERIANL	870
11471	1630466	OR REMVL, SWEAT GLAND LESN, PERIANL	1,077
11600	1630474	OR EXC MALIG LESN TRNK/EXTREM 0.5 <	407
11601	1630482	OR EXC MALIG LESN TRNK/EXTREM 0.6-1	481
11602	1630490	OR EXC MALIG LESN TRNK/EXTREM 1.1-2	521
11603	1630508	OR EXC MALIG LESN TRNK/EXTREM 2.1-3	597
11604	1630516	OR EXC MALIG LESN TRNK/EXTREM 3.1-4	662
11606	1630524	OR EXC MALIG LESN TRNK/EXTREM > 4 C	947
11620	1630532	OR EXC MALIG LESN SCLP/NCK/HND/FT 0	409
11621	1630540	OR EXC MALIG LESN SCLP/NCK/HND/FT 0	483
11622	1630557	OR EXC MALIG LESN SCLP/NCK/HND/FT 1	539
11623	1630565	OR EXC MALIG LESN SCLP/NCK/HND/FT 2	633
11624	1630573	OR EXC MALIG LESN SCLP/NCK/HND/FT 3	713
11626	1630581	OR EXC MALIG LESN SCLP/NCK/HND/FT >	856
11640	1630599	OR EXC MALIG LESN FACE/EAR/NSE/LIP	422
11641	1630607	OR EXC MALIG LESN FACE/EAR/NSE/LIP	499
11642	1630615	OR EXC MALIG LESN FACE/EAR/NSE/LIP	570
11643	1630623	OR EXC MALIG LESN FACE/EAR/NSE/LIP	672
11644	1630631	OR EXC MALIG LESN FACE/EAR/NSE/LIP	829
11646	1630649	OR EXC MALIG LESN FACE/EAR/NSE/LIP	1,080
11720	1630656	OR DEBRIDE NAIL, 1-5	69
11721	1630664	OR DEBRIDE NAIL, 6 OR MORE	95
11730	1630672	OR REMVL OF NAIL PLATE	222
11732	1630680	OR REMV NAIL PLATE, ADD-ON	66
11740	1630698	OR DRAIN BLOOD FROM UNDER NAIL	105
11750	1630706	OR REMVL OF NAIL BED	322
26236	1630714	OR REMV NAIL BED/FINGER TIP	933
11755	1630722	OR BIOPSY, NAIL UNIT	276
11760	1630730	OR REP OF NAIL BED	394
11762	1630748	OR RECONSTR OF NAIL BED	587
11765	1630755	OR EXCSN OF NAIL FOLD, TOE	351
11770	1630763	OR REMVL OF PILONIDAL LESN, SIMPLE	581
11771	1630771	OR REMVL OF PILONIDAL LESN, EXTENSI	1,214
11772	1630789	OR REMVL OF PILONIDAL LESN, COMPLI	1,463
11920	1630797	OR CORRECT SKN COLOR DEFECTS	362
11960	1630805	OR INSRT TISSUE EXPANDER(S)	2,014



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
11970	1630813	OR REPLACE TISSUE EXPANDER	1,289
11971	1630821	OR REMV TISSUE EXPANDER(S)	988
11975	1630839	OR INSRT CONTRACEPTIVE CAP	231
11976	1630847	OR REMVL OF CONTRACEPTIVE CAP	302
11977	1630854	OR REMVL/REINSRT CONTRA CAP	348
11980	1630862	OR IMPLANT HORMONE PELLET(S)	200
12001	1630870	OR REP SUPRF WNDS, SCLP/NCK/TRNK/EX	191
12002	1630888	OR REP SUPRF WNDS, SCLP/NCK/TRNK/EX	232
12004	1630896	OR REP SUPRF WNDS, SCLP/NCK/TRNK/EX	271
12005	1630904	OR REP SUPRF WNDS, SCLP/NCK/TRNK/EX	341
12006	1630912	OR REP SUPRF WNDS, SCLP/NCK/TRNK/EX	405
12007	1630920	OR REP SUPRF WNDS, SCLP/NCK/TRNK/EX	468
12011	1630938	OR REP SUPRF WNDS, FACE/EAR/NSE/LIP	233
12013	1630946	OR REP SUPRF WNDS, FACE/EAR/NSE/LIP	244
12014	1630953	OR REP SUPRF WNDS, FACE/EAR/NSE/LIP	284
12015	1630961	OR REP SUPRF WNDS, FACE/EAR/NSE/LIP	342
12016	1630979	OR REP SUPRF WNDS, FACE/EAR/NSE/LIP	432
12017	1630987	OR REP SUPRF WNDS, FACE/EAR/NSE/LIP	323
12018	1630995	OR REP SUPRF WNDS, FACE/EAR/NSE/LIP	366
12020	1631001	OR CLSR OF SUPRF DEHISCENCE, SIMPLE	589
12021	1631019	OR CLSR OF SUPRF DEHISCENCE W/ PACK	344
12031	1631027	OR LAYER CLSR OF WNDS, SCLP/TRNK/EX	499
12032	1631035	OR LAYER CLSR OF WNDS, SCLP/TRNK/EX	634
12034	1631043	OR LAYER CLSR OF WNDS, SCLP/TRNK/EX	657
12035	1631050	OR LAYER CLSR OF WNDS, SCLP/TRNK/EX	799
12036	1631068	OR LAYER CLSR OF WNDS, SCLP/TRNK/EX	888
12037	1631076	OR LAYER CLSR OF WNDS, SCLP/TRNK/EX	1,010
12041	1631084	OR LAYER CLSR OF WNDS, NCK/HNDS/FT	499
12042	1631092	OR LAYER CLSR OF WNDS, NCK/HNDS/FT	607
12044	1631100	OR LAYER CLSR OF WNDS, NCK/HNDS/FT	756
12045	1631118	OR LAYER CLSR OF WNDS, NCK/HNDS/FT	840
12046	1631126	OR LAYER CLSR OF WNDS, NCK/HNDS/FT	1,009
12047	1631134	OR LAYER CLSR OF WNDS, NCK/HNDS/FT	1,111
12051	1631142	OR LAYER CLSR OF WNDS, FACE/EAR/NSE	542
12052	1631159	OR LAYER CLSR OF WNDS, FACE/EAR/NSE	618
12053	1631167	OR LAYER CLSR OF WNDS, FACE/EAR/NSE	725
12054	1631175	OR LAYER CLSR OF WNDS, FACE/EAR/NSE	756
12055	1631183	OR LAYER CLSR OF WNDS, FACE/EAR/NSE	977
12056	1631191	OR LAYER CLSR OF WNDS, FACE/EAR/NSE	1,168
12057	1631209	OR LAYER CLSR OF WNDS, FACE/EAR/NSE	1,239

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
13100	1631217	OR REP OF WOUND OR LESN, TRNK 1.1-2	703
13101	1631225	OR REP OF WOUND OR LESN, TRNK 2.6-7	830
13102	1631233	OR REP WOUND/LESN ADD-ON, TRNK EACH	256
13120	1631241	OR REP OF WOUND OR LESN, SCLP/ARM/L	735
13121	1631258	OR REP OF WOUND OR LESN, SCLP/ARM/L	896
13122	1631266	OR REP WOUND/LESN ADD-ON, SCLP/ARM/	279
13131	1631274	OR REP OF WOUND OR LESN, FORHD/CHEE	809
13132	1631282	OR REP OF WOUND OR LESN, FORHD/CHEE	999
13133	1631290	OR REP WOUND/LESN ADD-ON, FORHD/CHE	374
13151	1631316	OR REP OF WOUND OR LESN, EYELD/NSE/	884
13152	1631324	OR REP OF WOUND OR LESN, EYELD/NSE/	1,062
13153	1631332	OR REP WOUND/LESN ADD-ON, EYELD/NSE	406
13160	1631340	OR LATE CLSR OF WOUND	1,692
14000	1631357	OR SKN TISSUE REARRNG, TRNK <10.1 S	1,306
14001	1631365	OR SKN TISSUE REARRNG, TRNK 10.1-30	1,686
14020	1631373	OR SKN TISSUE REARRNG, SCLP/ARM/LEG	1,460
14021	1631381	OR SKN TISSUE REARRNG, SCLP/ARM/LEG	1,827
14040	1631399	OR SKN TISS REARRNG, FORHD/CHEEK/NC	1,598
14041	1631407	OR SKN TISS REARRNG, FORHD/CHEEK/NC	1,980
14060	1631415	OR SKN TISS REARRNG, EYELD/NSE/EAR/	1,630
14061	1631423	OR SKN TISS REARRNG, EYELD/NSE/EAR/	2,130
14301	1631431	OR SKN TISS REARRNG MORE THAN 30 SQ	2,260
14350	1631449	OR FILLETED FINGER OR TOE FLAP	1,449
15002	1631456	OR WOUND PREP, TRNK/ARM/LEG 100 SQ	731
15003	1631464	OR WOUND PREP, ADDL 100 SQ CM	159
15004	1631472	OR WOUND PREP, FACE/NCK/HNDS/FT 100	838
15005	1631480	OR WOUND PREP, ADDL 100 SQ CM	262
15050	1631498	OR SKN PINCH GRAFT	1,176
15100	1631506	OR SKN SPLT GRFT, TRNK/ARM/LEG	1,801
15101	1631514	OR SKN SPLT GRFT TRNK/ARM/LEG, ADD-	389
15110	1631522	OR EPIDRM AUTOGRFT TRNK/ARM/LEG	1,671
15111	1631530	OR EPIDRM AUTOGRFT TRNK/ARM/LEG ADD	249
15115	1631548	OR EPIDRM AUTOGRFT FACE/NCK/HNDS/FT	1,653
15116	1631555	OR EPIDRM AUTOGRFT FACE/NCK/HNDS/FT	357
15120	1631563	OR SKN SPLT AUTOGRFT FACE/NCK/HNDS/	1,783
15121	1631571	OR SKN SPLT AUTOGRFT FACE/NCK/HNDS/	435
15130	1631589	OR DERM AUTOGRAFT, TRNK/ARM/LEG	1,385
15131	1631597	OR DERM AUTOGRAFT TRNK/ARM/LEG ADD-	211
15135	1631605	OR DERM AUTOGRAFT FACE/NCK/HNDS/FT	1,781
15136	1631613	OR DERM AUTOGRAFT, FACE/NCK/HNDS/FT	209

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	PHYSICIAN SERVICES	\$
15200	1631621	OR SKN FULL GRAFT, TRNK	1,748
15201	1631639	OR SKN FULL GRAFT TRNK ADD-ON	310
15220	1631644	OR SKN FULL GRAFT SCLP/ARM/LEG	1,619
15221	1631654	OR SKN FULL GRAFT SCLP/ARM/LEG ADD-	286
15240	1631662	OR SKN FULL GRFT FACE/HNDS/FT	1,959
15241	1631670	OR SKN FULL GRAFT FACE/HNDS/FT ADD-	386
15260	1631688	OR SKN FULL GRAFT EYES/EAR/NSE/LIP	2,127
15261	1631696	OR SKN FULL GRAFT EYES/EAR/NSE/LIP	450
15850	1631704	OR REMVL OF SUTURES, SAME SURGEON	187
15851	1631712	OR REMVL OF SUTURES, DIFF SURGEON	208
15920	1631720	OR REMVL OF TAIL BONE ULCER	1,281
15922	1631738	OR REMVL OF TAIL BONE ULCER W/ FLAP	1,651
15931	1631746	OR REMV SACRM PRESR SORE	1,457
15933	1631753	OR REMV SACRM PRESR SORE W/ OSTCTMY	1,788
15934	1631761	OR REMV SACRM PRESR SORE W/ SKN FLA	1,980
15935	1631779	OR REMV SACRM PRESR SORE W/ SKN FLA	2,307
15936	1631787	OR REMV SACRM PRESR SORE IN PREP CL	1,882
15937	1631795	OR REMV SACRM PRESR SORE IN PREP CL	2,184
15940	1631803	OR REMV HIP PRESR SORE	1,474
15941	1631811	OR REMV HIP PRESR SORE W/ OSTCTMY	1,904
15944	1631829	OR REMV HIP PRESR SORE W/ SKN FLAP	1,876
15945	1631837	OR REMV HIP PRESR SORE W/ SKN FLAP	2,080
15946	1631845	OR REMV HIP PRESR SORE IN PREP CLSR	3,455
15950	1631852	OR REMV THIGH PRESR SORE	1,256
15951	1631860	OR REMV THIGH PRESR SORE W/ OSTCTMY	1,856
15952	1631878	OR REMV THIGH PRESR SORE W/ SKN FLA	1,910
15953	1631886	OR REMV THIGH PRESR SORE W/ SKN FLA	2,102
15956	1631894	OR REMV THIGH PRESR SORE IN PREP CL	2,435
15958	1631902	OR REMV THIGH PRESR SORE IN PREP CL	2,490
15999	1631910	OR REMVL OF PRESR SORE, OTHER	2,149
16020	1631928	OR DRESS/DEBRID PARTL-THICK BURN, S	173
16025	1631936	OR DRESS/DEBRID PARTL-THICK BURN, M	311
16030	1631944	OR DRESS/DEBRID PARTL-THICK BURN, L	393
16035	1631951	OR INCSN OF BURN SCAB, INITI	413
16036	1631969	OR ESCHAROTOMY; ADD'L INCSN	174
17000	1631977	OR DESTRICT PREMALG LESN	138
17003	1631985	OR DESTRICT PREMALG LES, 2-14	11
17004	1631993	OR DESTROY PREMLG LESNS 15+	303
17106	1632009	OR DESTRC OF SKN LESNS <10 SQ CM	722
17107	1632017	OR DESTRC OF SKN LESNS 10.0-50.0 SQ	922

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
17108	1632025	OR DESTRC OF SKN LESNS >50.0 SQ CM	1,357
17110	1632033	OR DESTRUCT BNGN SKN LESN, 1-14	234
17111	1632041	OR DESTRUCT BNGN SKN LESN, 15 OR MO	277
17260	1632058	OR DESTRC MALIG SKN LESNS, TRNK/ARM	200
17261	1632066	OR DESTRC MALIG SKN LESNS, TRNK/ARM	303
17262	1632074	OR DESTRC MALIG SKN LESNS, TRNK/ARM	368
17263	1632082	OR DESTRC MALIG SKN LESNS, TRNK/ARM	401
17264	1632090	OR DESTRC MALIG SKN LESNS, TRNK/ARM	431
17266	1632108	OR DESTRC MALIG SKN LESNS, TRNK/ARM	487
17270	1632116	OR DESTRC MALIG SKN LESNS, SCLP/NCK	317
17271	1632124	OR DESTRC MALIG SKN LESNS, SCLP/NCK	343
17272	1632132	OR DESTRC MALIG SKN LESNS, SCLP/NCK	392
17273	1632140	OR DESTRC MALIG SKN LESNS, SCLP/NCK	435
17274	1632157	OR DESTRC MALIG SKN LESNS, SCLP/NCK	515
17276	1632165	OR DESTRC MALIG SKN LESNS, SCLP/NCK	596
17280	1632173	OR DESTRC MALIG SKN LESNS, FACE/EAR	297
17281	1632181	OR DESTRC MALIG SKN LESNS, FACE/EAR	374
17282	1632199	OR DESTRC MALIG SKN LESNS, FACE/EAR	429
17283	1632207	OR DESTRC MALIG SKN LESNS, FACE/EAR	513
17284	1632215	OR DESTRC MALIG SKN LESNS, FACE/EAR	588
17286	1632223	OR DESTRC MALIG SKN LESNS, FACE/EAR	750
17311	1632231	OR MOHS, 1 STAGE, HEAD/NCK/HNDS/FT	1,386
17312	1632249	OR MOHS ADDL STAGE, HEAD/NCK/HNDS/F	815
17313	1632256	OR MOHS, 1 STAGE, TRNK/ARMS/LEGS	1,296
17314	1632264	OR MOHS, ADDL STAGE TRNK/ARMS/LEGS	778
17315	1632272	OR MOHS SURG, ADDL BLOCK	168
19000	1632280	OR DRNAGE OF BREAST LESN	236
19001	1632298	OR DRAIN BREAST LESN ADD-ON	57
19020	1632306	OR INCSN OF BREAST LESN	999
19100	1632314	OR BX BREAST PERCUT W/O IMAGE	316
19101	1632322	OR BIOPSY OF BREAST, OPEN	717
19081	1632330	OR BX BREAST 1ST LESION STRTCTC	1,446
19110	1632355	OR NIPPLE EXPLR	1,026
19112	1632363	OR EXCS BREAST DUCT FISTULA	969
19120	1632371	OR REMVL OF BREAST LESN	1,043
19125	1632389	OR EXCSN, BREAST LESN W/ RAD MARKER	1,155
19126	1632397	OR EXCSN, BREAST LESN W/ RAD MARKER	344
19260	1632405	OR REMVL OF CHEST WALL LESN	2,553
19271	1632413	OR REMVL OF CHEST WALL LESN W PLAST	3,444
19272	1632421	OR REMVL OF CHEST WALL LESN W PLAST	3,760

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
19300	1632439	OR REMVL OF GYNECOMASTIA	1,108
19301	1632447	OR PARTIAL MASTECTOMY	1,382
19302	1632454	OR P-MASTECTOMY W LYMPHADENECTOMY	1,906
19303	1632462	OR MASTECTOMY, SIMPLE, COMPLETE	2,035
19304	1632470	OR MASTECTOMY, SUBQ	1,222
19305	1632488	OR MASTECTOMY, RADICAL	2,396
19306	1632496	OR MASTECTOMY, RADICAL, URBAN TYPE	2,546
19307	1632504	OR MASTECTOMY, MODIFIED RADICAL	2,538
19316	1632512	OR MASTOPEXY	1,629
19318	1632520	OR REDUCTION MAMMOPLASTY	2,332
19324	1632538	OR AUGMENTATION MAMMOPLASTY	1,122
19325	1632546	OR AUGMENTATION MAMMOPLASTY W/ IMPL	1,358
19328	1632553	OR REMVL OF BREAST IMPLANT	1,049
19330	1632561	OR REMVL OF IMPLANT MATERIAL	1,342
19340	1632579	OR IMMEDIATE BREAST PROSTHESIS	2,122
19342	1632587	OR DELAYED BREAST PROSTHESIS	1,952
19350	1632595	OR NIPPLE/AREOLA RECONSTR	1,736
19355	1632603	OR CORRECT INVERTED NIPPLE(S)	1,587
19357	1632611	OR BREAST RECONSTR W/ TISSUE EXPAND	3,187
19361	1632629	OR BREAST RECONSTR W/LATISSIMUS FLA	3,338
19364	1632637	OR BREAST RECONSTR W FREE FLAP	5,847
19366	1632645	OR BREAST RECONSTR W OTHER TECHNIQU	2,994
19367	1632652	OR BREAST RECONSTR W TRAM	3,800
19368	1632660	OR BREAST RECONSTR W TRAM AND MICRO	4,667
19369	1632678	OR BREAST RECONSTR W DOUBLE PEDICLE	4,331
19370	1632686	OR PERIPROSTHETIC CAPSULOTOMY	1,452
19371	1632694	OR REMVL OF BREAST CAPSULE	1,658
19380	1632702	OR REVISE BREAST RECONSTR	1,637
19396	1632710	OR DESIGN CUSTOM BREAST IMPLANT	613
20005	1632736	OR INCSN OF SFT TISSUE ABSCESS, DEE	662
20100	1632744	OR EXPLORE WOUND, NCK	1,286
20101	1632751	OR EXPLORE WOUND, CHEST	951
20102	1632769	OR EXPLORE WOUND, ABDOMEN	1,031
20103	1632777	OR EXPLORE WOUND, EXTREM	1,231
20200	1632785	OR MUSCLE BIOPSY	434
20205	1632793	OR DEEP MUSCLE BIOPSY	609
20206	1632801	OR NEEDLE BIOPSY, MUSCLE	493
20520	1632819	OR REMVL OF FORGN BODY, SIMPLE	431
20525	1632827	OR REMVL OF FORGN BODY, COMPLI	1,008
21015	1632835	OR RESEC OF FACIAL TUMOR	1,499

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
21029	1632843	OR CONTOUR OF FACE BONE LESN	1,626
21040	1632850	OR EXCS MANDIBLE LESN	1,102
21501	1632868	OR DRAIN NCK/CHEST LESN	953
21550	1632876	OR BIOPSY OF SFT TISSUE NCK/CHEST	550
21555	1632884	OR REMV SUBCUT LESN, NCK/CHEST	875
21556	1632892	OR REMV SFT TISSUE LESN, NCK/CHEST	1,114
21557	1632900	OR REMV TUMOR, NCK/CHEST	2,019
22900	1632918	OR REMV ABDOMINAL WALL LESN	1,199
23065	1632926	OR BIOPSY SHOULDER SFT TISSUE, SUPR	459
23066	1632934	OR BIOPSY SHOULDER SFT TISSUE, DEEP	1,179
23075	1632942	OR REMVL OF SHOULDER LESN, SUBCUT	996
23076	1632959	OR REMVL OF SHOULDER LESN, SUBFASCI	1,145
23930	1632967	OR DRNAGE OF ARM LESN	756
23931	1632975	OR DRNAGE OF ARM BURSA	610
23935	1632983	OR DRAIN ARM/ELBOW BONE LESN	1,069
24065	1632991	OR BIOPSY ARM/ELBOW SFT TISSUE, SUP	541
24066	1633007	OR BIOPSY ARM/ELBOW SFT TISSUE, DEE	1,309
24075	1633015	OR REMV ARM/ELBOW LESN, SUBCUT	1,037
24076	1633023	OR REMV ARM/ELBOW LESN, SUBFASCIAL	1,154
25028	1633031	OR DRNAGE OF FOREARM LESN	1,112
25031	1633049	OR DRNAGE OF FOREARM BURSA	745
25035	1633056	OR TREAT FOREARM BONE LESN	1,238
25065	1633064	OR BIOPSY FOREARM SFT TISSUES, SUPR	535
25066	1633072	OR BIOPSY FOREARM SFT TISSUES, DEEP	759
25075	1633080	OR REMVL FOREARM LESN, SUBCUT	1,010
25076	1633098	OR REMVL FOREARM LESN, SUBFASCIAL	1,098
25077	1633106	OR REMV TUMOR, FOREARM/WRIST	1,878
25111	1633114	OR REMV WRIST TENDON LESN	678
25112	1633122	OR REMV WRIST TENDON LESN, RECURREN	818
26010	1633130	OR DRNAGE OF FINGER ABSCESS, SIMPLE	558
26011	1633148	OR DRNAGE OF FINGER ABSCESS, COMPLI	823
26034	1633155	OR TREAT HND BONE LESN	1,147
26055	1633163	OR INCISE FINGER TENDON SHEATH	1,176
26115	1633171	OR REMVL HND LESN, SUBCUT	1,063
26116	1633189	OR REMVL HND LESN, SUBFASCIAL	1,117
26117	1633197	OR REMV TUMOR, HND/FINGER	1,580
26350	1633205	OR REP FINGER/HND TENDON	1,485
26352	1633213	OR REP/GRAFT HND TENDON, SECONDARY	1,709
26477	1633221	OR TENDON SHORTENING, EXTENSOR, HND	1,211
26478	1633239	OR LENGTHENING OF HND TENDON, FLEXO	1,290

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
26479	1633247	OR SHORTENING OF HND TENDON, FLEXOR	1,309
26990	1633254	OR DRNAGE OF PELVIS LESN	1,329
26991	1633262	OR DRNAGE OF PELVIS BURSA	1,496
26992	1633270	OR DRNAGE OF PELVIS BONE LESN	2,031
27040	1633288	OR BIOPSY OF PELVIS SFT TISSUES, SU	727
27041	1633296	OR BIOPSY OF PELVIS SFT TISSUES, DE	1,472
27047	1633304	OR REMV HIP/PELVIS LESN, SUBCUT	982
27048	1633312	OR REMV HIP/PELVIS LESN, SUBFASCIAL	1,295
27049	1633320	OR REMV TUMOR, HIP/PELVIS	2,854
27323	1633338	OR BIOPSY, THIGH SFT TISSUES, SUPRF	574
27324	1633346	OR BIOPSY, THIGH SFT TISSUES, DEEP	849
27327	1633353	OR REMVL OF THIGH LESN, SUBCUT	968
27328	1633361	OR REMVL OF THIGH LESN, SUBFASCIAL	1,320
27329	1633379	OR REMV TUMOR, THIGH/KNEE	2,204
27603	1633387	OR DRAIN LOWER LEG LESN	1,116
27604	1633395	OR DRAIN LOWER LEG BURSA	1,010
27613	1633403	OR BIOPSY LOWER LEG SFT TISSUE, SUP	535
27614	1633411	OR BIOPSY LOWER LEG SFT TISSUE, DEE	1,228
27615	1633429	OR REMV TUMOR, LOWER LEG	2,178
27618	1633437	OR REMV LOWER LEG LESN, SUBCUT	952
27619	1633445	OR REMV LOWER LEG LESN, SUBFASCIAL	985
28001	1633452	OR DRNAGE OF BURSA OF FT	585
28005	1633460	OR TREAT FT BONE LESN	1,218
28043	1633478	OR EXCSN OF FT LESN, SUBCUT	854
28045	1633486	OR EXCSN OF FT LESN, SUBFASCIAL	1,058
28046	1633494	OR RESEC OF TUMOR, FT	1,549
28192	1633502	OR REMVL OF FT FORGN BODY, DEEP	997
28193	1633510	OR REMVL OF FT FORGN BODY, COMPLI	1,130
30310	1633528	OR REMV NASAL FORGN BODY UNDER GEN	418
30320	1633536	OR REMV NASAL FORGN BODY BY LATERAL	930
32551	1633569	OR INSRT OF CHEST TUBE	334
32096	1633577	OR BIOPSY THROUGH CHEST WALL	1,710
32100	1633585	OR THORACOTOMY/EXPLR/BIOPSY OF CHES	1,720
32110	1633593	OR THORACOTOMY/REP CHEST/CONTROL HE	3,117
32120	1633601	OR RE-EXPLR OF CHEST	1,852
32140	1633619	OR REMVL OF LUNG LESN(S)	2,111
32150	1633627	OR REMVL OF LUNG BULLAE	2,131
32200	1633635	OR DRAIN, OPEN, LUNG LESN	2,424
32601	1633650	OR THORCSCP, DIAG LUNG	657
32609	1633668	OR THORCSCP, DIAG LUNG W/ BIOPSY	550

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
32601	1633676	OR THORCSCP, DIAG PERICARDIAL SAC	657
32604	1633684	OR THORCSCP, DIAG PERICARDIAL SAC	1,027
32606	1633700	OR THORCSCP, DIAG MEDIASTINAL SPAC	985
32650	1633718	OR THORCSCP, SURG W/ PLEURODESIS	1,415
32651	1633726	OR THORCSCP, SURG W PARTL PULMONAR	2,328
32652	1633734	OR THORCSCP, SURG W TOTAL PULMONAR	3,531
32653	1633742	OR THORCSCP, SURG W REMVL PLEURAL	2,251
32654	1633759	OR THORCSCP, SURG W CONTROL HEMORR	2,451
32655	1633767	OR THORCSCP, SURG W EXCSN BULLAE	2,032
32656	1633775	OR THORCSCP, SURG W PARIETAL PLEUR	1,700
32666	1633783	OR THORCSCP, SURG W WEDGE RESEC LU	1,850
32662	1633791	OR THORCSCP, SURG W EXCSN MEDIASTI	1,893
32663	1633809	OR THORCSCP, SURG W LOBCTMY	2,976
32664	1633817	OR THORCSCP, SURG W THORACIC SYMPA	1,805
32665	1633825	OR THORCSCP, SURG W ESOPHAGOMYOTOM	2,627
33206	1633833	OR INSRT OF HEART PCEMKR, ATRIAL EL	966
33207	1633841	OR INSRT OF HEART PCEMKR, VENTRICUL	1,029
33208	1633858	OR INSRT OF HEART PCEMKR, ATRIAL AN	1,114
33210	1633866	OR INSRT OF HEART ELECTRODE, TEMPOR	352
33211	1633874	OR INSRT OF HEART ELECTRODE, TEMPOR	363
33212	1633882	OR INSRT OF PULSE GENERATOR, SINGLE	685
33213	1633890	OR INSRT OF PULSE GENERATOR, DUAL C	717
33216	1633908	OR INSRT LEAD PACE-DEFIB, ONE	792
33217	1633916	OR INSRT LEAD PACE-DEFIB, DUAL	778
33222	1633924	OR REVISE POCKET, PCEMKR	721
33223	1633932	OR REVISE POCKET, PACING-DEFIB	873
33249	1633940	OR ELTRD/INSRT PACE-DEFIB	1,961
35207	1633957	OR REP BLOOD VESSEL LESN	1,607
36560	1633965	OR INSRT TUNNELED CV CATH <5 YEAR	2,734
36563	1633973	OR INSRT TUNNELED CV CATH W/ PUMP	2,583
36575	1633981	OR REP TUNNELED CV CATH W/O PORT/PU	345
36576	1633999	OR REP TUNNELED CV CATH W/ PORT/PUM	660
36589	1634005	OR REMVL TUNNELED CV CATH W/O PORT/	345
36590	1634013	OR REMVL TUNNELED CV CATH W/ PORT/P	466
37785	1634021	OR LIGATE/DIVIDE/EXCS VEIN	744
38100	1634039	OR REMVL OF SPLEEN, TOTAL	2,460
38101	1634047	OR REMVL OF SPLEEN, PARTL	2,487
38120	1634054	OR LAP SPLENECTOMY	2,242
38120	1634062	OR LAP, SPLENECTOMY	2,242
38129	1634070	OR LAP PROC, SPLEEN	2,463



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
38300	1634088	OR DRNAGE, LYMPH NODE LESN, SIMPLE	666
38305	1634096	OR DRNAGE, LYMPH NODE LESN, EXTENSI	1,027
38500	1634104	OR BIOPSY/REML, LYMPH NODES, SUPRF	700
38505	1634112	OR NEEDLE BIOPSY, LYMPH NODES	264
38510	1634120	OR BIOPSY/REML, LYMPH NODES, DEEP	1,089
38520	1634138	OR BIOPSY/REML, LYMPH NODES, DEEP	984
38570	1634146	OR LAP, LYMPH NODE BIOPSY	1,080
39000	1634153	OR MEDIASTINOTOMY W/ EXPLR/DRNAGE,	1,055
39010	1634161	OR MEDIASTINOTOMY W/ EXPLR/DRNAGE,	1,673
40800	1634187	OR DRNAGE OF MOUTH LESN, SIMPLE	451
40801	1634195	OR DRNAGE OF MOUTH LESN, COMPLI	664
41000	1634203	OR DRNAGE OF INTRAORL LESN, LINGUAL	343
41005	1634211	OR DRNAGE OF INTRAORL LESN, SUBLNG	471
41006	1634229	OR DRNAGE OF INTRAORL LESN, SUBLNG	764
41007	1634237	OR DRNAGE OF INTRAORL LESN, SUBMENT	750
41008	1634245	OR DRNAGE OF INTRAORL LESN, SUBMAND	807
41009	1634252	OR DRNAGE OF INTRAORL LESN, MASTICT	860
41015	1634260	OR EXTRAORL DRNAGE OF LESN, SUBLNG	907
41016	1634278	OR EXTRAORL DRNAGE OF LESN, SUBMENT	937
41017	1634286	OR EXTRAORL DRNAGE OF LESN, SUBMAND	951
41018	1634294	OR EXTRAORL DRNAGE OF LESN, MASTICT	1,080
41130	1634302	OR PARTL REMVL OF TONGUE	2,812
41800	1634310	OR DRNAGE OF GUM LESN	599
42000	1634328	OR DRNAGE MOUTH ROOF LESN	322
42300	1634336	OR DRNAGE OF PAROTD GLAND, SIMPLE	438
42305	1634344	OR DRNAGE OF PAROTD GLAND, COMPLI	907
42310	1634351	OR DRNAGE OF SUBMAX GLAND, INTRAORL	375
42320	1634369	OR DRNAGE OF SUBMAX GLAND, EXT	521
42410	1634377	OR EXCS PAROTD GLAND/LESN	1,308
42415	1634385	OR EXCS PAROTD GLAND/LESN W/ DISSEC	2,214
42420	1634393	OR EXCS PAROTD GLAND/LESN TOTAL W/	2,488
42425	1634401	OR EXCS PAROTD GLAND/LESN TOTAL W/	1,756
42426	1634419	OR EXCS PAROTD GLAND/LESN TOTAL W/	2,833
42440	1634427	OR EXCS SUBMAX GLAND	865
42450	1634435	OR EXCS SUBLNG GLAND	952
42700	1634443	OR DRNAGE OF TONSIL ABSCESS	397
42720	1634450	OR DRNAGE OF THROAT ABSCESS, INTRAO	954
42725	1634468	OR DRNAGE OF THROAT ABSCESS, EXT AP	1,729
43107	1634476	OR REMVL OF ESOPH	6,359
43108	1634484	OR REMVL OF ESOPH W/ COLON INTERPOS	9,486

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
43112	1634492	OR REMVL OF ESOPH W/ THORACOTOMY	7,453
43113	1634500	OR REMVL OF ESOPH W/ THORACOTOMY AN	9,268
43116	1634518	OR PARTL REMVL OF ESOPH W/ INTESTIN	10,594
43117	1634526	OR PARTL REMVL OF ESOPH W/ ESOPHAGO	6,925
43118	1634534	OR PARTL REMVL OF ESOPH W/ COLON IN	7,742
43121	1634542	OR PARTL REMVL OF ESOPH W/ ESOPHAGO	6,099
43122	1634559	OR PARTL REMVL OF ESOPH W/ ESOPHAGO	5,453
43123	1634567	OR PARTL REMVL OF ESOPH W ESOPHAGOG	9,605
43124	1634575	OR REMVL OF ESOPH W/ ESOPHAGOSTOMY	8,116
43279	1634583	OR LAP ESOPHAGOMYOTOMY	2,750
43280	1634591	OR LAP, FUNDOPLASTY	2,306
43281	1634609	OR LAP REP PARAESOPHAGEAL HERNIA	3,293
43282	1634617	OR LAP REP PARAESOPH HERNIA W MESH	3,704
43289	1634625	OR LAP PROC, ESOPH	3,881
43500	1634633	OR SURG OPENING OF STOMACH	1,672
43520	1634641	OR INCSN OF PYLORIC MUSCLE	1,457
43620	1634658	OR TOTAL GASTRCTMY W/ ESOPHAGOENTER	4,216
43621	1634666	OR TOTAL GASTRCTMY W/ ROUX-EN-Y	4,842
43622	1634674	OR TOTAL GASTRCTMY W/ INTESTINAL PO	4,939
43631	1634682	OR PARTL GASTRCTMY W/ GASTRODUODENO	3,090
43632	1634690	OR PARTL GASTRCTMY W/ GASTROJEJUNOS	4,336
43633	1634708	OR PARTL GASTRCTMY W/ ROUX-EN-Y	4,099
43634	1634716	OR PARTL GASTRCTMY W/ INTESTINAL PO	4,543
43635	1634724	OR VAGOTOMY WHEN PERF W/ PARTL GAST	242
43640	1634732	OR VAGOTOMY & PYLORUS REP	2,514
43644	1634740	OR LAP GASTRIC BYPASS/ROUX-EN-Y	3,693
43645	1634757	OR LAP GASTR BYPASS INCL SML INTEST	3,933
43651	1634765	OR LAP, VAGUS NERVE	1,396
43652	1634773	OR LAP, VAGUS NERVE	1,630
43653	1634781	OR LAP, GASTROSTOMY	1,221
43659	1634799	OR LAP PROC, STOMACH	2,613
43752	1634815	OR NASAL/OROGASTRIC W/STENT	87
43760	1634823	OR CHANGE GASTROSTOMY TUBE	1,038
43770	1634831	OR LAP PLACE GASTRIC ADJUSTABLE DEV	2,390
43771	1634849	OR LAP REVISE GASTRIC ADJUSTABLE DE	2,720
43772	1634856	OR LAP REMVL GASTRIC ADJUSTABLE DEV	2,034
43773	1634864	OR LAP REPLACE GASTRIC ADJUSTABLE D	2,727
43774	1634872	OR LAP REMV GASTRIC RESTRICTIVE DEV	2,047
43775	1634880	OR LAP GASTRIC PROC, LONG GASTRCTMY	2,381
43800	1634898	OR PYLOROPLASTY	1,980

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
43820	1634906	OR GASTROJEJUNOSTOMY	2,864
43830	1634914	OR GASTROJEJUNOSTOMY W/ VAGOTOMY	1,491
43831	1634922	OR PLACE GASTROSTOMY TUBE	1,267
43832	1634930	OR OPEN GASTROSTOMY W CONSTRC OF GA	2,209
43843	1634948	OR GASTRIC RESTRICTIVE PROC (W/O BY	2,734
43860	1634955	OR REVISE GASTROJEJUNOSTOMY	3,491
43880	1634963	OR REP STOMACH-BOWEL FISTULA	3,409
44005	1634971	OR FREEING OF BOWEL ADHESION	2,337
44010	1634989	OR INCSN OF DUODENUM	1,834
44010	1634997	OR DUODENOTOMY FOR EXPLR, BIOPSY OR	1,834
44015	1635002	OR INSRT NEEDLE CATH BOWEL, ADD-ON	304
44020	1635010	OR EXPLORE SML INTESTINE	2,075
44020	1635028	OR ENTEROTOMY FOR EXPLR, BIOPSY OR	2,075
44021	1635036	OR DECOMPRESS SML BOWEL	2,077
44025	1635044	OR INCSN OF LRG BOWEL	2,095
44025	1635051	OR COLOTOMY FOR EXPLR, BIOPSY OR FO	2,095
44050	1635069	OR REDUCE BOWEL OBSTRUCTION	1,992
44055	1635077	OR CORRECT MALROTATION OF BOWEL	3,180
44100	1635085	OR BIOPSY OF BOWEL	233
44110	1635093	OR EXCS INTESTINE LESN(S), SINGLE E	1,812
44111	1635101	OR EXCSN OF BOWEL LESN(S), MULTIPLE	2,094
44120	1635119	OR REMVL OF SML INTESTINE, SINGLE R	2,612
44121	1635127	OR REMVL OF SML INTESTINE, EACH ADD	518
44125	1635135	OR REMVL OF SML INTESTINE W/ ENTERO	2,517
44126	1635143	OR ENTERCTMY FOR CONGNL ATRESIA	5,266
44127	1635150	OR ENTERCTMY FOR CONGNL ATRESIA W/	6,090
44128	1635168	OR ENTERCTMY FOR CONGNL ATRESIA, A	522
44130	1635176	OR BOWEL TO BOWEL FUSION	2,801
44132	1635184	OR ENTERCTMY, CADAVER DONOR	1,989
44133	1635192	OR ENTERCTMY, LIVE DONOR	1,989
44140	1635200	OR PARTL COLECTOMY W/ ANASTOMOSIS	2,863
44141	1635218	OR PARTL COLECTOMY W/ COLOSTOMY	3,898
44143	1635226	OR PARTL COLECTOMY W/ END COLOSTOMY	3,553
44147	1635234	OR PARTL COLECTOMY W/ ABD AND TRANS	4,144
44150	1635242	OR TOTAL COLECTOMY	3,991
44151	1635259	OR TOTAL COLECTOMY W/ CONTINENT ILE	4,613
44155	1635267	OR TOTAL COLECTOMY/PROCTECTOMY W/ I	4,444
44180	1635275	OR LAP, ENTEROLYSIS	1,961
44186	1635283	OR LAP, JEJUNOSTOMY	1,386
44187	1635291	OR LAP, ILEO/JEJUNO-STOMY	2,356

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
44188	1635309	OR LAP, COLOSTOMY	2,617
44202	1635317	OR LAP, ENTERCTMY	2,955
44202	1635325	OR LAP, ENTERCTMY	2,955
44203	1635333	OR LAP RESECT S/INTESTINE, ADDL	523
44203	1635341	OR LAP RESECT S/INTESTINE, ADDL	523
44204	1635358	OR LAP PARTL COLECTOMY	3,284
44204	1635366	OR LAPARO PARTL COLECTOMY	3,284
44205	1635374	OR LAP COLECTOMY PART W/ILEUM	2,855
44205	1635382	OR LAP COLECTOMY PART W/ILEUM	2,855
44206	1635390	OR LAP PART COLECTOMY W/STOMA	3,738
44207	1635408	OR LAP COLECTOMY/COLOPROCTOSTOMY	3,885
44208	1635416	OR LAP COLECTOMY/COLOPROCTOSTOMY	4,239
44210	1635424	OR LAP TOTAL PROCTOCOLECTOMY	3,804
44211	1635432	OR LAP COLECTOMY W/PROCTECTOMY	4,567
44212	1635440	OR LAP TOTAL PROCTOCOLECTOMY	4,365
44213	1635457	OR LAP, MOBIL SPLENIC FL ADD-ON	403
44227	1635465	OR LAP, CLOSE ENTEROSTOMY	3,554
44238	1635473	OR LAP PROC, INTESTINE	3,614
44345	1635481	OR REVISION OF COLOSTOMY	2,245
44363	1635499	OR SML BOWEL ENDOSCOPY W/ REMVL FOR	416
44390	1635507	OR COLONOSCOPY THRU STOMA FOR FORGN	792
44626	1635515	OR ENTEROSTOMY CLSR	3,419
44640	1635523	OR REP BOWEL-SKN FISTULA	2,990
44650	1635531	OR REP BOWEL FISTULA	3,084
44660	1635549	OR REP BOWEL-BLADDER FISTULA	2,851
44900	1635556	OR DRAIN APPENDICEAL ABSCESS, OPEN	1,653
49406	1635564	OR DRAIN APPENDICEAL ABSCESS, PERCU	1,690
44950	1635572	OR APPENDECTOMY	1,368
44955	1635580	OR APPENDECTOMY ADD-ON	180
44960	1635598	OR APPENDECTOMY FOR RUPTURED APPEND	1,864
44970	1635606	OR LAP, APPENDECTOMY	1,281
44970	1635614	OR LAP, APPENDECTOMY	1,281
45000	1635622	OR DRNAGE OF PELVIC ABSCESS	908
45005	1635630	OR DRNAGE OF RECTAL ABSCESS, SUBMUC	584
45020	1635648	OR DRNAGE OF RECTAL ABSCESS, DEEP	1,225
45307	1635655	OR PROCTOSIGMOIDOSCOPY FB	350
45395	1635671	OR LAP, REMVL OF RECTUM	4,220
45397	1635689	OR LAP, REMV RECTUM W/POUCH	4,597
45400	1635697	OR LAP PROC	2,436
45402	1635705	OR LAP PROCTOPEXY W/SIG RESECT	3,243

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
45499	1635713	OR LAP PROC, RECTUM	4,152
45540	1635721	OR CORRECT RECTAL PROLAPSE	2,254
45800	1635739	OR REP RECTAL/BLADDER FISTULA	2,659
45805	1635747	OR REP RECTAL/BLADDER FISTULA W/COL	3,122
45905	1635754	OR DILATION OF ANAL SPHINCTER	360
45915	1635762	OR REMV RECTAL OBSTRUCTION	707
46040	1635770	OR INCSN OF RECTAL ABSCESS	1,138
46045	1635788	OR INCSN OF RECTAL ABSCESS W/ ANEST	921
46050	1635796	OR INCSN OF ANAL ABSCESS, SUPRF	429
46060	1635804	OR INCSN OF RECTAL ABSCESS W/ FISTU	1,013
46083	1635812	OR INCISE EXT HEMORRHOID	377
46200	1635820	OR REMVL OF ANAL FISSURE	947
46221	1635838	OR LIGATION OF HEMORRHOID(S)	569
46230	1635846	OR REMVL OF ANAL TAGS	579
46250	1635853	OR HEMORRHOIDECTOMY, EXT 2 OR MORE	983
46255	1635861	OR HEMORRHOIDECTOMY, INT AND EXT SI	1,074
46257	1635879	OR HEMORRHOIDECTOMY, INT AND EXT W/	904
46258	1635887	OR HEMORRHOIDECTOMY, INT AND EXT W/	991
46260	1635895	OR HEMORRHOIDECTOMY, INT AND EXT 2	1,013
46261	1635903	OR HEMORRHOIDECTOMY, INT AND EXT W/	1,114
46262	1635911	OR HEMORRHOIDECTOMY, INT AND EXT W/	1,176
46270	1635929	OR REMVL OF ANAL FISTULA, SUBCUT	1,077
46275	1635937	OR REMVL OF ANAL FISTULA, INTERSPHI	1,144
46280	1635945	OR REMVL OF ANAL FISTULA, TRANSSPHI	999
46285	1635952	OR REMVL OF ANAL FISTULA, SECOND ST	1,139
46288	1635960	OR REP ANAL FISTULA	1,167
46500	1635978	OR INJECTION INTO HEMORRHOID(S)	398
46600	1635986	OR DIAG ANOSCOPY	188
46604	1635994	OR ANOSCOPY AND DILATION	1,315
46608	1636000	OR ANOSCOPY, REMV FORGN BODY	504
46910	1636018	OR DESTRC ANAL LESN(S), ELECTRODESS	545
46917	1636026	OR LASER SURGERY, ANAL LESNS	953
46922	1636034	OR EXCSN OF ANAL LESN(S)	566
46924	1636042	OR DESTRC, ANAL LESN(S), EXTENSIVE	1,105
46930	1636059	OR DESTRC OF HEMORRHOIDS	439
46945	1636083	OR LIGATION OF HEMORRHOIDS, INT SIN	654
46946	1636091	OR LIGATION OF HEMORRHOIDS, INT 2 O	665
47001	1636109	OR NEEDLE BIOPSY, LIVER ADD-ON	223
47010	1636117	OR OPEN DRNAGE, LIVER LESN	2,566
47015	1636133	OR LAPAROTOMY W/ INJECT/ASPIRATE LI	2,480

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
47100	1636141	OR WEDGE BIOPSY OF LIVER	1,798
47120	1636158	OR HEPATECTOMY, PARTL LOBCTMY	4,967
47122	1636166	OR HEPATECTOMY, TRISEGMENTECTOMY	7,294
47125	1636174	OR HEPATECTOMY, TOTAL LEFT LOBCTMY	6,560
47130	1636182	OR HEPATECTOMY, TOTAL RIGHT LOBCTMY	7,045
47133	1636190	OR REMVL OF DONOR LIVER	7,264
47140	1636208	OR PARTL REMVL, DONOR LIVER	7,607
47370	1636216	OR LAP W/ ABLATE LIVER TUMOR, RADI	2,661
47371	1636224	OR LAP W/ ABLATE LIVER TUMOR, CRYO	2,681
47379	1636232	OR LAP PROC, LIVER	1,857
47379	1636240	OR LAP PROC, LIVER	1,857
47532	1636257	OR INSRT CATHETER, BILE DUCT	1,667
47562	1636307	OR LAP CHOLECYSTECTOMY	1,402
47562	1636315	OR LAP CHOLECYSTECTOMY	1,402
47563	1636323	OR LAP CHOLECYSTECTOMY AND CHOLANGI	1,522
47564	1636331	OR LAPARO CHOLECYSTECTOMY/EXPLR	2,372
47564	1636349	OR LAP CHOLECYSTECTOMY W/ EXPLR COM	2,372
47570	1636356	OR LAP CHOLECYSTOENTEROSTOMY	1,654
47570	1636364	OR LAP CHOLECYSTOENTEROSTOMY	1,654
47579	1636372	OR LAP PROC, BILIARY	1,857
47600	1636380	OR CHOLECYSTECTOMY	2,275
47605	1636398	OR CHOLECYSTECTOMY W/ CHOLANGIOGRAP	2,396
47610	1636406	OR CHOLECYSTECTOMY W/ EXPLR COMMON	2,675
47612	1636414	OR CHOLECYSTECTOMY W/ EXPLR COMMON	2,714
47620	1636422	OR CHOLECYSTECTOMY W/ EXPLR COMMON	2,943
47544	1636430	OR REMV BILE DUCT STONE	2,250
47720	1636448	OR CHOLECYSTOENTEROSTOMY	2,462
47721	1636455	OR CHOLECYSTOENTEROSTOMY W/ GASTROE	2,891
47740	1636463	OR CHOLECYSTOENTEROSTOMY BY ROUX-EN	2,801
47741	1636471	OR CHOLECYSTOENTEROSTOMY BY ROUX-EN	3,151
48100	1636489	OR BIOPSY OF PANCREAS, OPEN	1,890
48102	1636497	OR NEEDLE BIOPSY, PANCREAS	1,116
48120	1636505	OR REMVL OF PANCREAS LESN	2,352
48150	1636513	OR PARTL REMVL OF PANCREAS	6,635
49000	1636521	OR EXPLORATORY LAPAROTOMY	1,640
49002	1636539	OR REOPENING OF LAPAROTOMY	2,229
49010	1636547	OR EXPLR RETROPERITONEUM	1,987
49020	1636554	OR DRAIN ABDOMINAL ABSCESS OPEN	3,390
49040	1636570	OR DRAIN SUBDIAPHRAGMATIC ABSCESS,	2,131
49060	1636596	OR DRAIN RETROPERITONEAL ABSCESS, O	2,343

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
49320	1636653	OR DIAG LAP	694
49321	1636661	OR LAP, BIOPSY	735
49322	1636679	OR LAP, ASPIRATION	787
49323	1636687	OR LAP DRAIN LYMPHOCELE	1,356
49324	1636695	OR LAP INSRT PERM INTRAPERITONEAL C	828
49325	1636703	OR LAP REVISION PERM INTRAPERITONEA	881
49326	1636711	OR LAP W/OMENTOPEXY ADD-ON	404
49329	1636729	OR LAPARO PROC, ABDOMEN/PERITONEUM/	983
49402	1636737	OR REMVL FORGN BODY PERITONEUM	1,826
49421	1636752	OR INSRT INTRAPERITONEAL CATHETER,	490
49422	1636760	OR REMV PERMANENT CANNULA/CATHETER	809
49491	1636778	OR REP INGL HERNIA PREEMIE REDUCIBL	1,691
49492	1636786	OR REP INGL HERNIA PREEMIE INCARCER	2,039
49495	1636794	OR REP INGL HERNIA UP TO 6 MONTHS A	873
49496	1636802	OR REP INGL HERNIA UP TO 6 MONTHS A	1,309
49500	1636810	OR REP INGL HERNIA 6 MONTHS-5 YEAR,	877
49501	1636828	OR REP INGL HERNIA 6 MONTHS-5 YEAR,	1,290
49505	1636836	OR REP INGL HERNIA 5+ YEAR OLD, INT	1,107
49507	1636844	OR REP INGL HERNIA 5+ YEAR OLD, INT	1,248
49520	1636851	OR REP INGL HERNIA, ANY AGE, RECURR	1,345
49521	1636869	OR REP INGL HERNIA, ANY AGE, RECURR	1,525
49525	1636877	OR REP INGL HERNIA, ANY AGE, SLIDIN	1,218
49540	1636885	OR REP LUMBAR HERNIA	1,430
49550	1636893	OR REP FEMRL HERNIA, ANY AGE, INTL,	1,225
49553	1636901	OR REP FEMRL HERNIA, ANY AGE, INTL,	1,345
49555	1636919	OR REP FEMRL HERNIA, ANY AGE, RECUR	1,274
49557	1636927	OR REP FEMRL HERNIA, ANY AGE, RECUR	1,541
49560	1636935	OR REP VENTRAL/INCSNAL HERNIA, INTL	1,571
49561	1636943	OR REP VENTRAL/INCSNAL HERNIA, INTL	1,980
49565	1636950	OR REP VENTRAL/INCSNAL HERNIA, RECU	1,635
49566	1636968	OR REP VENTRAL/INCSNAL HERNIA, RECU	1,998
49568	1636976	OR IMPLANTATION OF MESH FOR INCSNAL	571
49570	1636984	OR REP EPIGASTRIC HERNIA, REDUCIBLE	889
49572	1636992	OR REP EPIGASTRIC HERNIA, INCARCERT	1,097
49580	1637008	OR REP UMBILICAL HERNIA, REDUCIBLE	708
49582	1637016	OR REP UMBILICAL HERNIA, INCACERATE	1,027
49585	1637024	OR REP UMBILICAL HERNIA, REDUCIBLE	947
49587	1637032	OR REP UMBILICAL HERNIA, INCARCERT	1,012
49650	1637040	OR LAP HERNIA REP INTL	912
49650	1637057	OR LAP HERNIA REP INTL	912

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
49651	1637065	OR LAP HERNIA REP RECURRENT	1,183
49651	1637073	OR LAP HERNIA REP RECURRENT	1,183
49652	1637081	OR LAP HERNIA REP VENTRAL/UMBILICAL	1,584
49653	1637099	OR LAP HERNIA REP VENTRAL/UMBILICAL	1,975
49654	1637107	OR LAP HERNIA REP INCSNAL, REDUCIBL	1,801
49655	1637115	OR LAP HERNIA REP INCSNAL, INCARCER	2,198
49656	1637123	OR LAP HERNIA REP INCSNAL, RECURREN	1,955
49657	1637131	OR LAP HERNIA REP INCSNAL, RECURREN	2,812
49659	1637149	OR LAP PROCECURE, HERNIA REP	1,944
49659	1637156	OR LAP PROC, HERNIA REP	1,944
50546	1637164	OR LAP NEPHRECTOMY	2,569
50548	1637172	OR LAP NEHPRECTOMY W/URETER	2,876
58661	1637180	OR LAP, REMV ADNEXA	1,359
60210	1637198	OR PARTL THYRD EXCSN	1,492
60212	1637206	OR PARTL THYRD EXCSN W/ CONTRALAT L	2,188
60220	1637214	OR PARTL REMVL OF THYRD	1,486
60225	1637222	OR PARTL REMVL OF THYRD W/ CONTRALA	1,962
60240	1637230	OR REMVL OF THYRD	1,939
60252	1637248	OR REMVL OF THYRD FOR MALIGNANCY	2,787
60254	1637255	OR EXTENSIVE THYRD SURGERY	3,516
60280	1637263	OR REMV THYRD DUCT LESN	923
60281	1637271	OR REMV THYRD DUCT LESN, RECURRENT	1,225
60650	1637289	OR LAP ADRENALECTOMY	2,540
60659	1637297	OR LAP PROCECURE, ENDOCRINE	2,893
64776	1637305	OR REMV DIGIT NERVE LESN	828
64782	1637313	OR REMV LIMB NERVE LESN	965
64783	1637321	OR LIMB NERVE SURGERY ADD-ON	468
64784	1637339	OR REMV NERVE LESN	1,541
64788	1637347	OR REMV SKN NERVE LESN	838
64790	1637354	OR REMVL NEUROFIBROMA MAJOR PERIPHE	1,786
64792	1637362	OR REMVL NEUROFIBROMA, EXTENSIVE	2,564
64831	1637370	OR REP OF DIGIT NERVE	1,456
64832	1637388	OR REP NERVE ADD-ON	720
69000	1637396	OR DRAIN EXT EAR LESN	390
69005	1637404	OR DRAIN EXT EAR LESN	444
69020	1637412	OR DRAIN OUTER EAR CANAL LESN	479
76998	1637420	OR US GUIDANCE, INTRAOPERATIVE	133
14302	1637438	OR TIS TRNFR ADDL 30 SQ CM	470
16025	1637446	OR DRESS/DEBRID P-THICK BURN M	311
16030	1637453	OR DRESS/DEBRID P-THICK BURN L	393



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
19082	1637461	OR BX BREAST ADD LESION STRTCTC	1,194
19083	1637479	OR BX BREAST 1ST LESION US IMAG	1,406
19084	1637487	OR BX BREAST ADD LESION US IMAG	1,146
19085	1637495	OR BX BREAST 1ST LESION MR IMAG	2,100
19086	1637503	OR BX BREAST ADD LESION MR IMAG	1,702
32097	1637511	OR OPEN WEDGE/BX LUNG NODULE	1,709
32098	1637529	OR OPEN BIOPSY OF LUNG PLEURA	1,622
32667	1637537	OR THORACOSCOPY W/W RESECT ADDL	334
32668	1637545	OR THORACOSCOPY W/W RESECT DIAG	334
39401	1637552	OR MEDIASTINOSCPY W/MEDSTNL BX	663
39402	1637560	OR MEDIASTINOSCPY W/LMPH NOD BX	865
47533	1637578	OR PLMT BILIARY DRAINAGE CATH	2,578
47534	1637586	OR PLMT BILIARY DRAINAGE CATH	3,080
47535	1637594	OR CONVERSION EXT BIL DRG CATH	2,127
47536	1637602	OR EXCHANGE BILIARY DRG CATH	1,443
47537	1637610	OR REMOVAL BILIARY DRG CATH	767
49060	1637628	OR DRAIN OPEN RETROPERI ABSCESS	2,343
49062	1637636	OR DRAIN TO PERITONEAL CAVITY	1,597
49082	1637644	OR ABD PARACENTESIS	409
49083	1637651	OR ABD PARACENTESIS W/IMAGING	619
49084	1637669	OR PERITONEAL LAVAGE	232
49203	1637677	OR EXC ABD TUM 5 CM OR LESS	2,552
49204	1637685	OR EXC ABD TUM OVER 5 CM	3,268
49205	1637693	OR EXC ABD TUM OVER 10 CM	3,752
97597	1637701	OR RMVL DEVITAL TIS 20 CM/<	175
97598	1637719	OR RMVL DEVITAL TIS ADDL 20CM/<	58
43246	1637727	OR EGD PLACE GASTROSTOMY TUBE	433
49440	1637735	OR PLACE GASTROSTOMY TUBE	2,024
99201	1780006	OR OV LV1 NP	93
99202	1780014	OR OV LV2 NP	156
99203	1780022	OR OV LV3 NP	225
99204	1780030	OR OV LV4 NP	342
99205	1780048	OR OV LV5 NP	431
99211	1780055	OR OV LV1 EP	45
99212	1780063	OR OV LV2 EP	91
99213	1780071	OR OV LV3 EP	152
99214	1780089	OR OV LV4 EP	224
99215	1780097	OR OV LV5 EP	302
99221	1780105	OR HV LV1 NP	211
99222	1780113	OR HV LV2 NP	285

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
99223	1780121	OR HV LV3 NP	423
99231	1780139	OR HV LV1 EP	82
99232	1780147	OR HV LV2 EP	152
99233	1780154	OR HV LV3 EP	217
99241	1780162	OR OFFICE CONSULT MINOR	99
99242	1780170	OR OFFICE CONSULT LOW COMPLX	186
99243	1780188	OR OFFICE CONSULT MOD COMPLX	254
99244	1780196	OR OFFICE CONSULT HIGH COMPLX	380
99245	1780204	OR OFFICE CONSULT CRITICAL	463
99251	1780212	OR HOSP CONSULTMINOR	102
99252	1780220	OR HOSP CONSULT LOW COMPLEX	155
99253	1780238	OR HOSP CONSULT MOD COMPLEX	239
99254	1780246	OR HOSP CONSULT HIGH COMPLEX	348
99255	1780253	OR HOSP CONSULT CRITICAL	418
99291	1780261	OR CRIT CARE DET 1ST HOUR	571
99292	1780279	OR CRIT CARE DET EA ADD 30 MIN	256
		<b>PALLIATIVE CARE</b>	
99251	1612001	PAL HOSP CONSULT MINOR	102
99252	1612019	PAL HOSP CONSULT LOW COMPLEXITY	155
99253	1612027	PAL HOSP CONSULT MODERATE COMPLEX	239
99254	1612035	PAL HOSP CONSULT HIGH COMPLEXITY	348
99255	1612043	PAL HOSP CONSULT CRITICAL	418
99291	1612050	PAL CRITICAL CARE DET 1ST HOUR	571
99292	1612068	PAL CRITICAL CARE EA ADD 30 MIN	256
99201	1612076	PAL OV LV1 NP	93
99203	1612084	PAL OV LV2 NP	225
99205	1612092	PAL OV LV3 NP	431
99211	1612100	PAL OV LV1 EP	45
99213	1612118	PAL OV LV2 EP	152
99215	1612126	PAL OV LV3 EP	302
99341	1612134	PAL HOME V LV1 NP	114
99342	1612142	PAL HOME V LV2 NP	166
99343	1612159	PAL HOME V LV3 NP	272
99344	1612167	PAL HOME V LV4 NP	381
99345	1612175	PAL HOME V LV5 NP	462
99347	1612191	PAL HOME V LV1 EP	115
99348	1612209	PAL HOME V LV2 EP	175
99349	1612217	PAL HOME V LV3 EP	268
99350	1612225	PAL HOME V LV4 EP	373
		<b>PHYSIATRIST</b>	

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
99201	1616507	PHYSIATRIS OV LV1 NP	93
99203	1616515	PHYSIATRIS OV LV2 NP	225
99205	1616523	PHYSIATRIS OV LV3 NP	431
99211	1616531	PHYSIATRIS OV LV1 EP	45
99213	1616549	PHYSIATRIS OV LV2 EP	152
99215	1616556	PHYSIATRIS OV LV3 EP	302
99221	1616606	PHYSIATRIS HV LV1 NP	211
99222	1616614	PHYSIATRIS HV LV2 NP	285
99223	1616622	PHYSIATRIS HV LV3 NP	423
99231	1616630	PHYSIATRIS HV LV1 EP	82
99232	1616648	PHYSIATRIS HV LV2 EP	152
99233	1616655	PHYSIATRIS HV LV3 EP	217
<b>PROCEDURALIST</b>			
31500	1613009	PROC INSERT EMERGENCY AIRWAY	299
36481	1613017	PROC INSERTION OF CATHETER PERC	4,108
36500	1613025	PROC INSERTION OF CATHETER VE	391
36510	1613033	PROC INSERT CAT UMBIL	171
36620	1613041	PROC INSERTION CATHETER ARTER	94
36625	1613058	PROC INSERT CATH ARTER CUTDOWN	224
36640	1613066	PROC INSE CATH A INFUS	243
36660	1613074	PROC INSERTION CATHETER ARTER	146
93503	1613082	PROC INSERT/PLACE HEART CATHET	220
93312	1613090	PROC TEE	518
93313	1613108	PROC TEE PROBE ONLY	24
93314	1613116	PROC TEE IMAGE/REPORT	500
93315	1613124	PROC TEE CARDIAC	541
93316	1613132	PROC TEE CARDIAC PROBE ONLY	57
93317	1613140	PROC TEE CARD IMAGE/REPORT	390
93318	1613157	PROC TEE INTR	440
32555	1613165	PROC ASPIRATE PLEURA W/ IMAGING	608
32422	1613173	PROC THORACENTESIS W/TUBE INSE	308
62270	1613207	PROC SPINAL FLUID TAP DIAGNOS	332
<b>REMOTE CONSULTATION</b>			
99251	1615004	REMOTE CONSULTATION LV1	102
99251	1615103	REMOTE CONSULTATION LV11	102
99251	1615053	REMOTE CONSULTATION LV6	102
99252	1615111	REMOTE CONSULTATION LV12	155
99252	1615012	REMOTE CONSULTATION LV2	155
99252	1615061	REMOTE CONSULTATION LV7	155
99253	1615129	REMOTE CONSULTATION LV13	239

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
99253	1615020	REMOTE CONSULTATION LV3	239
99253	1615079	REMOTE CONSULTATION LV8	239
99254	1615038	REMOTE CONSULTATION LV4	348
99254	1615137	REMOTE CONSULTATION LV4	348
99254	1615087	REMOTE CONSULTATION LV9	348
99255	1615095	REMOTE CONSULTATION LV10	418
99255	1615145	REMOTE CONSULTATION LV15	418
99255	1615046	REMOTE CONSULTATION LV5	418
		<b>ROBOTICS</b>	
99251	1616002	TELE-MEDICINE ROBOTICS	102
		<b>VASCULAR SURGERY</b>	
99201	1617000	VASC OV LV1 NP	93
99203	1617018	VASC OV LV2 NP	225
99205	1617026	VASC OV LV3 NP	431
99211	1617034	VASC OV LV1 EP	45
99213	1617042	VASC OV LV2 EP	152
99215	1617059	VASC OV LV3 EP	302
99221	1617067	VASC HV LV1 NP	211
99222	1617075	VASC HV LV2 NP	285
99223	1617083	VASC HV LV3 NP	423
99231	1617091	VASC HV LV1 EP	82
99232	1617109	VASC HV LV2 EP	152
99233	1617117	VASC HV LV3 EP	217
99231	1617125	VASC HOSP FOLLOW UP ROUTINE	82
99232	1617133	VASC HOSP FOLLOW MORE THAN ROUTINE	152
99233	1617141	VASC HOSP FOLLOW UP COMPLEX	217
99251	1617158	VASC HOSP CON SELF LTD MINOR	102
99252	1617166	VASC HOSP CON LOW COMPLEX	155
99253	1617174	VASC HOSP CON MODERATE	239
99254	1617182	VASC HOSP CON HIGH COMPLEX	348
99255	1617190	VASC HOSP CON CRITICAL	418
99291	1617208	VASC UNUSUAL C CARE DET 1ST HOUR	571
99292	1617216	VASC C CARE EA ADD 30 MIN	256
27880	1617224	VASC AMPUTATION OF LOWER LEG	1,948
28800	1617232	VASC AMPUTATION OF MIDFOOT	1,138
28805	1617240	VASC AMPUTATION THRU METATARSA	1,547
28810	1617257	VASC AMPUTATION TOE & METATARS	912
28820	1617265	VASC AMPUTATION OF TOE	1,199
28825	1617273	VASC PARTIAL AMPUTATION OF TOE	1,147
33508	1617281	VASC ENDOSCOPIC VEIN HARVEST	35

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
34201	1617299	VASC REMOVAL OF ARTERY CLOT	2,206
34701	1617307	VASC ENDOVAS AAA REPR W/2-P PA	2,631
35102	1617315	VASC RPR DEFECT OF ARTERY	4,033
35188	1617323	VASC RPR BLOOD VESSEL LESIO	2,776
35207	1617331	VASC RPR BLOOD VESSEL HAND	1,607
35301	1617349	VASC RECHAN ART SUBCLAV	2,428
35355	1617356	VASC RECHAN ART IL FEMORAL	2,214
35371	1617364	VASC RECHAN ART COM FEMORAL	1,754
36902	1617380	VASC INTRO CATH DIALYSIS CIRCUIT	2,603
0238T	1617398	VASC ATHERECTOMY PERCUTANEOUS	1,671
35556	1617406	VASC ARTERY BYPASS GRAFT	3,003
35572	1617414	VASC HARVEST FEMOROPOPLITEAL V	744
35637	1617422	VASC ARTERY BYPASS GRAFT	3,692
35656	1617430	VASC ART BYPASS GRAFT FEMORAL	2,323
35761	1617448	VASC EXPLORATION OF ARTERY/VEI	838
35875	1617455	VASC REMOVAL OF CLOT IN GRAFT	1,279
35876	1617463	VASC REMOVAL CLOT W/REVIS	2,036
36000	1617471	VASC PLACE NEEDLE IN VEIN	54
36002	1617489	VASC PSEUDOANEURYSM INJECTION	338
36005	1617497	VASC INJECTION EXT VENOGRAPHY	679
36010	1617513	VASC PLACE CATHETER IN VEIN	1,007
36011	1617521	VASC PLACE CATH VEIN 1ST ORDER	1,732
36012	1617539	VASC PLACE CATH VEIN 1ST ORDER	1,776
36013	1617547	VASC PLACE CATHETER IN ARTERY	1,603
36014	1617554	VASC PLACE CATHETER IN ARTERY	1,660
36015	1617562	VASC PLACE CATHETER IN ARTERY	1,805
36100	1617570	VASC ESTABLISH ACCESS TO ARTER	1,014
36140	1617596	VASC ESTABLISH ACCESS TO ARTER	893
36160	1617612	VASC ESTABLISH ACCESS TO AORTA	1,029
36200	1617620	VASC PLACE CATHETER IN AORTA	1,171
36215	1617638	VASC PLACE CATHETER IN ARTERY	2,109
36216	1617646	VASC PLACE CATHETER IN ARTERY	2,287
36217	1617653	VASC PLACE CATHETER IN ARTERY	3,885
36218	1617661	VASC PLACE CATHETER IN ARTERY	528
36245	1617679	VASC PLACE CATHETER IN ARTERY	2,735
36246	1617687	VASC PLACE CATHETER IN ARTERY	1,717
36247	1617695	VASC PLACE CATHETER IN ARTERY	3,131
36248	1617703	VASC PLACE CATHETER IN ARTERY	319
36260	1617711	VASC INSERTION OF INFUSION PUM	1,379
36261	1617729	VASC REVISION OF INFUSION PUMP	854

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
36262	1617737	VASC REMOVAL OF INFUSION PUMP	648
36468	1617745	VASC INJECTION(S) SPIDER VEIN	276
36470	1617760	VASC INJECTION THERAPY OF VEIN	221
36471	1617778	VASC INJECTION THERAPY OF VEIN	397
36475	1617786	VASC ENDOVENOUS RF 1ST VEIN	3,170
36476	1617794	VASC ENDOVENOUS RF VEIN ADD-O	616
36478	1617802	VASC ENDOVENOUS LASER 1ST VEI	2,529
36479	1617810	VASC ENDOVENOUS LASER VEIN ADD	650
36481	1617828	VASC INSERTION OF CATHETER VE	4,108
36500	1617836	VASC INSERTION OF CATHETER VE	391
36510	1617844	VASC INSERTION OF CATHETER VE	171
36593	1617851	VASC PHOTOPHERESIS	66
36555	1617869	VASC INSERT NON-TUNNEL CV CATH	388
36556	1617877	VASC INSERT NON-TUNNEL CV CATH	440
36557	1617885	VASC INSERT TUNNELED CV CATH	1,961
36558	1617893	VASC INSERT TUNNELED CV CATH	1,495
36560	1617901	VASC INSERT TUNNELED CV CATH	2,734
36561	1617919	VASC INSERT TUNNELED CV CATH	2,270
36563	1617927	VASC INSERT TUNNELED CV CATH	2,583
36565	1617935	VASC INSERT TUNNELED CV CATH	1,854
36566	1617943	VASC INSERT TUNNELED CV CATH	10,783
36568	1617950	VASC INSERT PICC CATH	457
36569	1617968	VASC INSERT PICC CATH	518
36570	1617976	VASC INSERT PICVAD CATH	2,924
36571	1617984	VASC INSERT PICVAD CATH	2,561
36575	1617992	VASC RPR TUNNELED CV CATH	345
36576	1618008	VASC RPR TUNNELED CV CATH	660
36578	1618024	VASC REPLACE TUNNELED CV CATH	942
36580	1618032	VASC REPLACE CVAD CATH	448
36581	1618040	VASC REPLACE TUNNELED CV CATH	1,477
36582	1618057	VASC REPLACE TUNNELED CV CATH	2,100
36583	1618065	VASC REPLACE TUNNELED CV CATH	2,655
36584	1618073	VASC REPLACE PICC CATH	429
36585	1618081	VASC REPLACE PICVAD CATH	2,217
36589	1618099	VASC REMOVAL TUNNELED CV CATH	345
36590	1618107	VASC REMOVAL TUNNELED CV CATH	466
36593	1618115	VASC DECLOT VASCULAR DEVICE	66
36595	1618123	VASC MECH REMOV TUNNELED CV CA	1,235
36596	1618131	VASC MECH REMOV TUNNELED CV CA	275
36597	1618149	VASC REPOSITION VENOUS CATHETE	267

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
36620	1618156	VASC INSERTION CATHETER ARTER	94
36625	1618164	VASC INSERTION CATHETER ARTER	224
36640	1618172	VASC INSERTION CATHETER ARTER	243
36800	1618180	VASC INSERTION OF CANNULA	261
36810	1618198	VASC INSERTION OF CANNULA	452
36815	1618206	VASC INSERTION OF CANNULA	290
36818	1618214	VASC AV FUSE UPPR ARM CEPHAL	1,488
36819	1618222	VASC AV FUSE UPPR ARM BASILI	1,568
36820	1618230	VASC AV FUSION/FOREARM VEIN	1,574
36821	1618248	VASC AV FUSION DIRECT ANY SITE	1,424
36821	1618255	VASC AV FUSION DIRECT ANY SITE	1,424
36825	1618263	VASC ARTERY-VEIN AUTOGRAFT	1,710
36830	1618271	VASC ARTERY-VEIN NONAUTOGRAFT	1,429
36831	1618289	VASC OPEN THROMBECT AV FISTULA	1,323
36832	1618297	VASC AV FISTULA REVISION OPEN	1,622
36833	1618305	VASC AV FISTULA REVISION	1,742
36832	1618313	VASC RPR A-V ANEURYSM	1,622
36835	1618321	VASC ARTERY TO VEIN SHUNT	1,016
36860	1618339	VASC EXTERNAL CANNULA DECLOTTI	464
36861	1618347	VASC CANNULA DECLOTTING	296
37184	1618362	VASC PRIM ART MECH THROMBECTOM	4,625
37185	1618370	VASC PRIM ART M-THROMBECT ADD-	1,471
37186	1618388	VASC SEC ART M-THROMBECT ADD-O	2,784
37187	1618396	VASC VENOUS MECH THROMBECTOMY	4,142
37188	1618404	VASC VENOUS M-THROMBECTOMY ADD	3,494
37200	1618412	VASC TRANSCATHETER BIOPSY	465
37197	1618420	VASC TRANSCATHETER RETRIEVAL	3,030
37500	1618461	VASC ENDOSCOPY LIGATE PERF VEI	1,359
37607	1618479	VASC LIGATION OF A-V FISTULA	803
37609	1618487	VASC TEMPORAL ARTERY PROC	650
37650	1618503	VASC REVISION OF MAJOR VEIN	980
37700	1618511	VASC REVISE LEG VEIN	527
37718	1618537	VASC LIGATE/STRIP SHORT LEG VE	923
37722	1618552	VASC LIGATE/STRIP LONG LEG VEI	1,013
37735	1618578	VASC REMOVAL OF LEG VEINS/LESI	1,240
37760	1618586	VASC LIGATION LEG VEINS OPEN	1,320
37765	1618594	VASC PHLEB VEINS EXTREM 10-20	1,371
37766	1618602	VASC PHLEB VEINS EXTREM 20+	1,631
37780	1618610	VASC REVISION OF LEG VEIN	500
37785	1618628	VASC LIGATE/DIVIDE/EXCISE VEIN	744

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>PHYSICIAN SERVICES</b>	<b>\$</b>
37790	1618636	VASC PENILE VENOUS OCCLUSION	1,041
36221	1618644	VASC ARTERY X-RAYS HEAD & NEC	2,144
27603	1618693	VASC DRAIN LOWER LEG LESION	1,116
28002	1618701	VASC TREATMENT OF FOOT INFECTION	935
35256	1618719	VASC REPAIR BLOOD VESSEL LESION	2,192
75710	1618727	VASC ARTERY XRAYS ARM/LEG	359
75827	1618735	VASC VEIN XRAY CHEST	289
77001	1618750	VASC FLUOROGUIDE FOR VEIN DEVICE	175
	1618768	VASC INSERT TUNNELED CV CATH	2,067
34708	1618776	VASC EVASC RPR ILIO-ILIAC RPT	3,948
35638	1618784	VASC ART BYP AORTOBI-ILIAC	3,770
36222	1618792	VASC PLACE CATH CAROTID/INOM ART	2,525
36223	1618800	VASC PLACE CATH CAROTID/INOM ART	3,163
36224	1618818	VASC PLACE CATH CAROTD ART	4,018
36225	1618826	VASC PLACE CATH SUBCLAVIAN ART	3,044
37220	1618834	VASC ILIAC REVASC	6,386
36906	1618842	VASC THRMBC/NFS DIALYSIS CIRCUIT	14,215
37221	1618859	VASC ILIAC REVASC W/STENT	9,473
37222	1618867	VASC ILIAC REVASC ADD-ON	1,795
37223	1618875	VASC ILIAC REVASC W/STENT ADD-ON	5,308
37236	1618883	VASC OPEN/PERQ PLACE STENT 1ST	8,026
37237	1618891	VASC OPEN/PERQ PLACE STENT EA ADD	5,050
37246	1618909	VASC TRLUML BALO ANGIOP 1ST ART	4,464
37247	1618917	VASC TRLUML BALO ANGIOP ADDL ART	1,804
37252	1618925	VASC INTRVASC US NONCORONARY 1ST	2,860
37253	1618933	VASC INTRVASC US NONCORONARY ADDL	432
37718	1618941	VASC LIGATE/STRIP SHORT LEG VEIN	923
37722	1618958	VASC LIGATE/STRIP LONG LEG VEIN	1,013
36902	1618966	VASC RPR ARTERIAL BLKAGE	2,603
36904	1618974	VASC PERCUT THROMBECT AV FISTU	3,782
36905	1618982	VASC THRMBC/NFS DIALYSIS CIRCUIT	4,794
36905	1618990	VASC THRMBC/NFS DIALYSIS CIRCUIT	4,794
99241	1770007	VASC OFFICE CONSULT MINOR	99
99242	1770015	VASC OFFICE CONSULT LOW COMPLEXITY	186
99243	1770023	VASC OFFICE CONSULT MOD COMPLEXITY	254
99244	1770031	VASC OFFICE CONSULT HIGH COMPLEXITY	380
99245	1770049	VASC OFFICE CONSULT CRITICAL	463
99245	1770056	VASC SURGERY ASSIST BY ANOTHER SURG	463

**PART B (Fees payable for treatment excluded from standard health benefit)**



**SCHEDULE 4 (PART A)**

(Regulation 9)

**OUT-PATIENT TREATMENT INCLUDED IN STANDARD HEALTH BENEFIT**

**Fees payable for treatment included in standard health benefit**

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
85002	910026	LAB -BLEEDING TIME	28
89050	910042	LAB -BODY FLUID (PLEURAL	29
38220	910059	LAB -BONE MARROW EXAM WIT	892
	910083	LAB -COAGULATION SCREEN	118
85025	910091	LAB -COMPLETE BLOOD COUNT	50
85652	910117	LAB -ERYTHROCYTE SEDIMENT	17
85384	910125	LAB -FIBRINOGEN	53
85362	910133	LAB -FDP SCREEN	44
87207	910141	LAB- FILM EXM FOR PARASIT	135
83030	910158	LAB -HAEMOGLOBIN FOETAL C	55
83020	910182	LAB -HAEMOGLOBIN ELECTRO	177
85730	910190	LAB -PTT	39
86344	910208	LAB -LE SCREEN	53
86308	910216	LAB -INFECTIOUS MONO.SCRE	33
85610	910240	LAB -PROTHROMBIN TIME	24
85045	910257	LAB -RETICULOCYTE COUNT	26
86762	910265	LAB -RUBELLA ANTIBODIES	90
85660	910273	LAB -SICKLE CELL PREP	35
	910281	LAB -SPERM COUNT	163
86430	910307	LAB -SCREENING TEST R.A.	35
86431	910315	LAB -RHEUMATOID FACTOR-TI	35
83036	910323	LAB -HAEMOGLOBIN GLYCAT	61
36415	910331	LAB -BLOOD DRAWN/SEND AWA	15
86803	910349	LAB -HEPATITIS C ANTIBODY	90
85240	910356	LAB -HEP FACTOR VIII C AC	112
85250	910364	LAB -FACTOR IX ACT	120
85370	910372	LAB -F.D.P. TITER	72
	910380	SWEAT CHLORIDE TEST-CHILD	264
	910398	I.M.INJECTIONS-CHILDREN	54
82731	910414	LAB -FETAL FIBRONECTIN TE	407
85378	910422	LAB -D-DIMER TEST	50
85302	910430	LAB -PROTEIN C ANTIGEN	76
85303	910448	LAB -PROTEIN C ACTIVITY	87
85305	910455	LAB -PROYEIN S TOTAL	74

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
85306	910463	LAB -PROTEIN S FREE	98
85307	910471	LAB -ACTI PROTEIN C (APC)	98
85300	910489	LAB -ANTITHROMBIN 111 ACT	76
85301	910497	LAB -A/THROMBIN 111 ANTIG	68
85613	910505	LAB -LUPUS ANTICOAG SCREE	
85730			148
85670	910513	LAB -THROMBIN TIME PLASMA	37
85675	910521	LAB -THROMBIN TIME TITER	42
85520	910539	LAB -HEPAR ASSAY (ANTI-XA	83
83020	910547	LAB -HAEMOGLOBIN ELECTROPHORESIS	177
	910570	LAB -LEUKOCYTE PHAGOCYTOSIS SCREEN	108
	1010511	LAB -TWO TISSUE SPEC F/EX	254
88165	1010529	LAB -CYTOLOGY (PAP)	216
88331	1010537	LAB -FROZEN SEC & EXAM	511
88104	1010545	LAB -NON-GYN.(SPUTA FLUIDS)	380
	1010552	LAB -AD SET SLIDE DOC REQ	69
	1010560	LAB -3 TISSUE SPEC F/EXAM	305
	1010578	LAB -SINGLE TIS SPEC F/EX	204
88342	1010594	LAB -IMMUNO PEROXIDASE TECHNIQUE	571
88313	1010602	LAB -PAP PEROXIDASE TECH	369
	1010610	LAB -RESIN SECTION	135
	1010628	LAB -4 TISSUE SPECIMENS	500
	1010636	LAB -5 TISSUE SPECIMENS	600
	1010644	LAB -SIX TISSUE SPECIMENS	712
	1010651	LAB -SEVEN TISSUE SPECIME	814
88130	1010669	LAB -BARR BODY COUNT	114
38221	1010677	LAB -BONE MARROW BIOPSY	804
	1010685	LAB -COLPOSCOPY BIOPSY	204
88155	1010693	LAB -HORMONAL EVALUATION	76
	1010701	LAB -TISSUE SEC F/MACRO E	100
88173	1010719	LAB -FINE NEEDLE ASPIRATN	809
88313	1010727	LAB -CYTOCHEM STAINLA-PAS	369
	1010735	LAB -TISSUE SECT - SINGLE	204
88142	1010750	LAB -THIN PREP	127
84233	1013333	LAB -ESTROGEN RECPTN ASSY	450
88300	1013424	LAB -SURGIC PATH LEVEL 1	87
88302	1013432	LAB -SURGICAL PATH LEVEL2	162
	1013440	LAB -SURGICAL PATH LEVEL3	305
88305	1013457	LAB -SURGICAL PATH LEVEL4	359
88307	1013465	LAB -SURGICAL PATH LEVEL5	1,382
88309	1013473	LAB -SURGICAL PATH LEVEL6	2,099

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
88312	1013499	LAB -SPECIAL STAIN MICRO	509
88313	1013507	LAB -SPECIAL STAIN NOS	369
86870	1110717	LAB -ANTIBODY IDENTIFICTN	234
86850	1110725	LAB -ANTIBODY SCREEN	50
86886	1110733	LAB -ANTIBODY TITRE	33
	1110741	BLOOD GROUP & ANTI SCREEN	145
86157	1110758	LAB -COLD AGGLUTININS	52
86880	1110766	LAB -COOMBS DIRECT	33
84703	1110790	LAB -PREG TEST-BETA HCG	48
86906	1110808	LAB -RHESUS GENOTYPE	50
	1110816	LAB -RHOGAM CROSSMATCH	271
86703	1110907	LAB -HTLV 111 ANTBODY SCRIN	87
86592	1110915	LAB -RPR FR SYPHILLS(VISA)	28
85460	1110931	LAB -KLEIHAUER	50
86905	1110949	LAB -ANTIGEN SBTP-SAL PER	24
15831	7202153	OR -ABDOMINOPLASTY MINI	2,629
86905	1110964	LAB -ANTIGEN PROFILE	24
84702	1110972	LAB -BETA HCG (TOTAL)	96
82785	1110980	LAB -IGE	103
86890	1111038	LAB -Autologous Blood collection & Processing	472
9017	1111087	LAB -Fresh Frozen Plasma - per bag	246
9016	1111103	LAB -Packed Red Cell, leukocyte reduced - per bag	246
9035	1111111	LAB -Platelet Processing - per bag	507
	1111129	LAB -ANTIGEN SCRIN COMP BL	21
	1111137	LAB -ANTIHUMAN GLOBLN DIR	79
	1111145	LAB -RH PHENOTYPE COMPLT	112
99195	1111558	LAB -Therapeutic Phlebotomy Service	467
36512	1111566	LAB -Therapeutic Apheresis - for red blood cells	506
36513	1111574	LAB -Therapeutic Apheresis - for platelets	519
36514	1111582	LAB -Therapeutic Apheresis - for plasmapheresis	3,574
82950	1211036	LAB -GLCSE CHAL/GLCLA/FBS	29
82803	1211044	LAB -ACID BAS BAL(BL GAS)	133
82040	1211051	LAB -ALBUMIN ONLY	31
84075	1211077	LAB -ALKALINE PHOSPHATASE	33
82150	1211085	LAB -AMYLASE	41
81005	1211093	LAB -BEN.JONES PROTN SCRIN	13
82248	1211101	LAB -BILIRUBIN DIRECT	31
82247	1211119	LAB -BILIRUBIN TOTAL	31
82947	1211127	LAB -BLOOD SUGAR(GLUCOSE)	24
	1211135	LAB -BABY BILIRUBIN	60

**BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018**

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
82310	1211143	LAB -CALCIUM	33
	1211150	LAB -LYTES GLCSE BUN(LGB)	91
	1211168	LAB -CARDI ENZY(SGOT&LDH)	128
80156	1211176	LAB -TEGRETOL	92
84155	1211184	LAB -CSF PROTEIN ONLY	24
82945	1211192	LAB -CSF SUGAR ONLY	24
82438	1211200	LAB -CSF CHLORIDE ONLY	31
82435	1211218	LAB -CHLORIDE	29
82465	1211226	LAB -CHOLESTEROL	28
82565	1211234	LAB -CREATININE	33
82575	1211242	LAB -CREATININE CLEARANCE	59
82550	1211259	LAB -CREATININ PHOSPHOKIN	41
	1211267	LAB -ELECTROLYTES NA K+CL	91
84450	1211283	LAB -GLUTAMIC-OXACTC TRNS	33
84460	1211291	LAB -GLUTAMIC-PYRUVIC TRNS	33
83497	1211309	LAB -5 HYDRXY INDOLCT ACID	81
	1211317	LAB -LIPID PROF CHOL TRIG	79
80178	1211325	LAB -LITHIUM	42
	1211333	LAB -LFT'S BL SG PT SG AL	165
84100	1211358	LAB -PHOSPHOROUS PO4	29
84119	1211366	LAB -PORPHYRNS(ELY MRN SP	68
84132	1211374	LAB -POTASSIUM K	29
84155	1211382	LAB -PROTEIN (BODY FLUID)	24
84155	1211390	LAB -PROTEIN(INC ALB&GLB)	24
84165	1211408	LAB -PROTEIN ELECTROPHR E	164
84295	1211424	LAB -SODIUM NA	31
84478	1211432	LAB -TRIGLYCERIDES	37
84520	1211457	LAB -UREA NITROGN(BUN)NPN	26
84550	1211465	LAB -URIC ACID	29
84999	1211473	LAB -URINE FOR BILE PGMNT	73
84578	1211481	LAB -URINE-BILE PRD(UROB)	22
84155	1211499	LAB -URINE FOR PROTEIN	24
84119	1211507	LAB -URINE FOR PROPHYRINS	68
82945	1211515	LAB -URINE FOR GLUCOSE	24
	1211531	LAB -3 HR GTT	136
	1211549	LAB -4 HR GTT	160
	1211556	LAB -5 HR GTT	188
	1211564	LAB -6 HR GTT	210
80156	1211598	LAB -CARBAMAZEPIN/TEGRTOL	92
80185	1211606	LAB -DILANTIN/PHENYTOIN/ETHOSUXIMIDE	83

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
80164	1211614	LAB -VALPROIC ACID/EPILIM	85
	1211630	LAB -B 12	104
83615	1211648	LAB -L D H	39
84560	1211721	LAB -URIC ACID-URINE	29
82340	1211739	LAB -URINE CALCIUM	39
80170	1211754	LAB -GENTAMICIN	103
80184	1211762	LAB -PHENOBARBITAL	79
80188	1211770	LAB -PRIMIDONE	105
80198	1211788	LAB -THEOPHYLLINE ASSAY	90
83718	1211796	LAB -HIGH DEN LIPOPROTEIN	52
	1211804	LAB -LOW DENSITY LIPOPROT	59
80194	1211846	LAB -QUINIDINE	92
80202	1211853	LAB -VANCOMYCIN PEAK	85
80202	1211861	LAB -VANCOMYCIN TROUGH	85
80202	1211895	LAB -VANCOMYCIN RANDOM	85
82977	1212059	LAB -GGT	46
80168	1212067	LAB -ETHOSUXIMIDE	103
84376	1212117	LAB -STOOL/URINE RED SUBS	35
	1212281	24 HR URINE CHEMISTRY	85
82950	1212299	LAB -BLD SUGAR(1TO6HR PC)	29
82150	1212307	LAB -BODY FLUID CHEMISTRY	41
	1212315	LAB -POST DIALYSIS PROFLE	155
	1212323	LAB -PRE-DIALYSIS PROFILE	446
	1212331	LAB -ED PRF NA BN RBS K C	120
	1212349	LAB -CHEM PROF (24 TESTS)	623
	1212372	LAB -CLINIC PROFILE	155
	1212406	LAB -GLUCOSE DRINK	11
	1212422	LAB -CORONRY PRF(H L V T)	115
	1212430	LAB -IRON PROF(I TI %SAT)	134
83735	1212448	LAB -MAGNESIUM	42
	1212455	LAB -2HR GTT	114
	1212471	LAB -UREA & ELECTROLYTES	91
82950	1212505	LAB -POST GLUCOSE DOSE	29
82951	1212513	LAB -TOLERANCE TEST(GTT)3	81
82952	1212521	LAB -TOLER TST EA ADD TES	24
82340	1212547	LAB -CALCIUM 24HR UR	39
82436	1212554	LAB -CHLORIDE 24HR UR	31
82570	1212562	LAB -CREATININE 24HR UR	33
82945	1212570	LAB -GLUCOSE 24HR UR	24
84133	1212588	LAB -POTASSIUM 24HR UR	28

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
83735	1212596	LAB -MAGNESIUM 24HR UR	42
84300	1212604	LAB -SODIUM 24HR UR	31
84105	1212612	LAB -PHOSPHOR 24HR UR	33
84156	1212620	LAB -PROTEIN TOT 24HR UR	24
84560	1212638	LAB -URIC ACID 24HR UR	29
84540	1212646	LAB -UREA NITROG 24HR UR	29
82247	1212653	LAB -BILIRUBIN FLD	31
82438	1212661	LAB -CHLORIDE FLD	31
82570	1212679	LAB -CREATININE FLD	33
82945	1212687	LAB -GLUCOSE FLD	24
84132	1212695	LAB -POTASSIUM FLD	29
82042	1212703	LAB -ALBUMIN FLD	41
83615	1212711	LAB -LDH FLD	39
84302	1212729	LAB -SODIUM FLD	31
82150	1212737	LAB -AMYLASE RDM UR	41
82436	1212745	LAB -CHLORIDE RDM UR	31
82570	1212752	LAB -CREATININE RDM UR	33
84133	1212760	LAB -POTASSIUM RDM UR	28
84300	1212778	LAB -SODIUM RDM UR	31
84105	1212786	LAB -PHOSPHORUS RDM UR	33
84540	1212794	LAB -UREA NITROGEN RDM UR	29
83550	1212836	LAB -IRON BINDING CAP	55
86160	1212844	LAB -COMPLEMENT 3 ANTIGEN	76
86160	1212851	LAB -COMPLEMENT 4 ANTIGEN	76
82043	1212869	LAB -M/ALBUMIN, URINE,SEM	37
82044	1212877	LAB -M/ALBUMIN, URINE, QU	31
86300	1212885	LAB -CANCER ANTIGEN 15-3	131
86301	1212893	LAB -CANCER ANTIGEN 19-9	131
83880	1212901	LAB -NT-PRO BNP	214
86140	1212919	LAB -C REACTIV PROT (CRP)	33
86141	1212927	LAB -HI SENSI C REACT PRO	81
82330	1212935	LAB -CALCIUM; IONIZED	87
82787	1212943	LAB -GAMMA;IMMU G S/C IGG	52
83930	1212950	LAB -OSMOLALITY; BLOOD	42
83935	1212968	LAB -OSMOLALITY; URINE	42
83036	1212976	LAB -HAEMOGLOBIN GLYCAT	61
	1212992	LAB -DAIC DIRECT HEMOGLOB	99
	1213016	LAB -DIRECT HBA1C	53
80329	1213198	ANALGESICS NON-OPIOID 1 OR 2	123
80330	1213206	ANALGESICS NON-OPIOID 3-5	53

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
80331	1213214	ANALGESICS NON-OPIOID 6/MORE	53
87040	1312016	LAB -BLOOD CULTURE	65
87070	1312024	LAB -BODY FLD(CSF JNT)M&C	55
87164	1312040	LAB -DARK GRND MICRO CLIN	164
87070	1312057	LAB -EAR SWAB-RTN CULTURE	55
87070	1312065	LAB -EYE SWAB RTN CULTURE	55
81001	1312073	LAB -URINE ANALYS/FCS MIC	20
87070	1312099	LAB -CSF CULTURE	55
87206	1312123	LAB -SPTM OR TISS FOR TB	33
87045	1312156	LAB -STL RCTL SWB FR CUL	59
87070	1312164	LAB -THROAT SWAB	55
87086	1312180	LAB -URINE MICRO&CULT MSU	52
87070	1312248	LAB -GEN CULT(VAG PEN URE	55
87070	1312263	LAB -WOUND (DRTY ULCR)CUL	55
89060	1312271	LAB -KNEE ASPIRT CRYSTALS	142
87177	1312289	LAB -OVA AND PARASITES	57
87015	1312297	LAB -AFB CULTUE(CON)3SPEC	42
87070	1312305	LAB -CATHETER TIP CULTURE	55
87101	1312321	LAB -FUNGUS CULTURE	48
86592	1312339	LAB -FLUORSC TREP NML ANTB	28
87205	1312347	LAB -GRAM STAIN	28
87210	1312354	LAB -INDIA INK PREP	29
87070	1312362	LAB -RESPIRATORY CULTURE	55
87490	1312396	LAB -CHLAMYDIA SEROLOGY	127
86759	1312412	LAB -ROTAVIRS LTX AFFLTNA	94
86038	1312438	LAB -ANA FLUORES ANTI TEC	76
87270	1312446	LAB -CONJ.SWAB-CHLAMYDIA	76
87207	1312453	LAB -CRYPTOSPOIDIUM STAIN	135
87278	1312495	LAB -LEGIONELLA CULTURE/I	79
89125	1312503	LAB -FAECAL FAT STAIN	29
87070	1312511	LAB -MRSA SCREEN	55
87070	1312529	LAB -SEMEN FOR CULTURE	55
87116	1312545	LAB -AFB CULTURE (DIR.)3	68
87070	1312552	LAB -CULTURE TISSUE	55
87070	1312578	LAB -GENITAL CULT(CERVIC)	55
87280	1312586	LAB -RSV(RESPIRATORY SYN)	76
87081	1312594	LAB -CULTURE VRE	42
87324	1312602	LAB -C DIFFICILE TXN AG	76
86677	1312610	LAB -HELICOBACTER PYLORI	92
87528	1312628	LAB -HERPES CULTURE	127

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
89320	1312636	LAB -SPERM ANALYSIS	76
	1312784	LAB -VITEK 2 SYS DISK MET	17
	1312792	LAB -VITEK 2 SYS MICRO/AR	17
82270	1312800	FECAL OCCULT BLOOD	22
84630	1410232	LOS ZINC PLASMA	63
83491	1411412	LOS 17 HYDROXYCORTICOSTEROIDS	97
	1411834	LOS USHER SYNDROME TYPE 3	147
	1411842	LOS USHER SYNDROME TYPE 1F	147
	1411859	LOS TAY-SACHS DNA ANALYSIS	180
	1411867	LOS NIEMANN-PICK TYPE A	147
	1411875	LOS NEMALINE MYOPATHY	269
	1411883	LOS MAPLE SYRUM URINE DISEASE(MSUD)	186
	1411891	LOS MUCOLIPIDOSIS TYPE IV	237
	1411909	LOS GLYCOGEN STORAGE DISEASE TYP 1A	221
	1411917	LOS GAUCHER DISEASE	186
	1411925	LOS FAMILIAL HYPERINSULINISM	506
	1411933	LOS FAMILIAL DYSAUTONOMIA	221
	1411941	LOS FANCONI ANEMIA GROUP C	132
	1411958	LOS DIHYDROLIPO DEHYDROGNs DEFICIEN	299
	1411966	LOS CANAVAN DISEASE	186
	1411974	LOS BLOOM SYNDROME	116
	1411982	LOS INSIT(PRNTL FISH CHR13,18,21XY	211
	1411990	LOS LYMPHOMA TISSUE/FLUID PANEL TP	409
15876	7703697	OR -SUC ASS LIPEC H&N N/C	780
15877	7703705	OR -SUC ASS LIPEC TRNK NC	780
85292	1412022	LOS PREKALLIKREIN (FLETCHER FACTOR)	105
85293	1412030	LOS HIGH MOLECULAR WGT HMW KIN ACTV	105
85240	1412048	LOS FACTOR VII INHIBITOR	
85335			523
87425	1412055	LOS ROTAVIRUS AG DETECTOR	66
83519	1412063	LOS ACETYLCHOLINE RECPTR BIND AUTOT	82
83519	1412071	LOS ACETYLCHOLIN RECPTR MODUL AUTOT	82
83519	1412089	LOS ACETYLCHOLIN RECPTR BLCK AUTOTB	82
15878	7703713	OR -SUC ASS LIPEC U/EX NC	780
15879	7703721	OR -SUC ASS LIPEC L/EX NC	780
36415	2121614	ONC PERIPERAL BLOOD DRAWS	13
82150	1412121	LOS AMYLASE ISOENZYMES	
84999			231
84252	1412139	LOS VITAMIN B2	112
84402	1412147	TESTOSTERONE FREE DIALY W/TOT TESTO	
84403			242



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	1413004	LOS MIS LAB OVERSEAS	-
82024	1413012	LOS ADRENOCORT HORMONE (ACTH)PLASMA	213
82088	1413020	LOS ALDOSTERONE SERUM FROZEN	226
82106	1413038	LOS ALPHA FETOPROTEIN SERUM QUANT	94
82139	1413046	LOS AMINO ACIDS SCREEN,URINE	94
86225	1413053	LOS DNA AUTOANTIBODIES DBL STRAND	76
86226	1413061	LOS DNA AUTOANTIBODIES SNGL STRAND	68
86256	1413079	LOS MYOCARDIAL TOTAL AUTOABS	150
87186	1413087	LOS ANAEROBIC BACTERIAL MIC	48
	1413095	LOS SMOOTH MUSCLE TOTAL AUTOABS	124
86060	1413103	LOS ANTI-STREPTOLYSIN ASO TITRE	40
38221	3838836	US GUID BDY NDL BX, BONE	705
86376	1413129	LOS THYROID PEROXIDASE AUTO AB	81
82308	1413137	LOS CALCITONIN SERUM THYROCALCITON	149
38221	4243036	CT GD BDY NDL BX,BONE MAR	705
82131	1413152	LOS CYSTINE, QUANTITATIVE URINE	103
84166	1413160	LOS URINE PROTEIN ELECTROPHORESIS	183
82384	1413178	LOS CATECHOLAMINES FRACTIONATED	141
82010	1413186	LOS ACETONE BLOOD	45
82638	1413194	LOS CHOLINESTERASE AND DIBUCAINE	68
82480	1413202	LOS CHOLINESTERASE PLASMA & SERUM	44
87186	1413210	LOS GRAM NEGATIVE MIC PANEL	48
88235	1413228	LOS CHROMOSOME ANALYSIS AMIN.FLUID	816
82010	1413236	LOS ACETOACETATE	45
82530	1413244	LOS CORTISOL FREE URINE RANDOM	92
38221	7010366	OR BONE MARROW BIOPSY	705
82552	1413277	LOS CREATINE KINASE ISOENZYMES	74
	1413285	LOS AMINOGLYCOSIDE MIC HIGH 5714	214
82143	1413293	LOS BILIRUBIN AMNIOTIC FLUID	42
	1413301	LOS CD4 CD8 (ML)	180
86658	1413319	LOS ECHOVIRUS ANTIBDOY SERUM	73
82670	1413327	LOS ESTRADIOL(E2)NON PREG SERUM	155
87076	1413350	LOS ANAEROBIC BACTERIAL ID	45
86235	1413376	LOS RHEUMATIC EVALUATION	100
41899	7707714	OR -DENTAL EXT OVER 30MIN	1,011
86256	1413392	LOS ADRENAL AUTOAB.	150
76499	2425411	XR -THORACIC INLET	242
83003	1413418	LOS GROWTH HORMONE SERUM	92
86757	1413426	LOS RICKETTTSIA RICKETTTSII&R TYPHI	107
87186	1413434	LOS S PNEUMO MIC PANEL	48

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
86707	1413442	LOS HEP B VIRUS E AG	65
86235	1413459	LOS SM(SMITH)IGG AUTOANTIBODIES	100
86615	1413467	LOS BORDETELLA IGG ANTIBODIES	73
84311	1413475	LOS BETA-HYDROXYBUTYRATE	39
80168	1413798	LOS ETHOSUXIMIDE , SERUM ZARONTIN	91
86812	1413491	LOS HLA-B27,BLOOD	144
80184	1471135	LOS - PHENOBARBITOL	70
82784	1413517	LOS IMMUNOGLOBULINS SERUM QUANTITI	52
83525	1413525	LOS INSULIN LEVEL SERUM	63
	1413533	LOS IODINE TOTAL URINE	145
86790	1413558	LOS DENGUE VIRUS IGM AB	71
	1413574	LOS ALPHA-FETOPROTEIN & HCG 3027	184
	1413582	LOS HSV 1 IGG & IGM CSF	309
83825	1413590	LOS MERCURY RANDOM URINE INDUS.	91
	1413608	LOS HSV 2 IGG & IGM CSF	309
80188	1413681	LOS PRIMIDOME PHENOBARBITAL SERUM	92
83945	1413632	LOS OXALATE URINE 24 HR	71
83970	1413657	LOS PARATHYROID HORMONE MID REGION	230
86631	1413673	LOS CHLAMYDIA PNEUMONIAE TOTAL IGG	66
80194	1416841	LOS QUINIDINE	81
84144	1413699	LOS PROGESTERONE SERUM OR PLASMA	116
86611	1413707	LOS BARTONELLA HENSELAE IGG & IGM	57
84244	1413715	LOS RENIN PLASMA	121
84403	1413723	LOS TESTOTERONE TOTAL	144
84403	1413731	LOS TESTOSTERONE TOTAL&FREE SERUM	144
83520	1413749	LOS COMPLEMENT SPLIT PRODUCT CONC	78
84466	1413756	LOS TRANSFERRIN SERUM	71
	1413764	LOS P 24 ANTIGENS (ML)	176
84585	1413772	LOS VANILLYLMANDELIC ACID URINE	86
87186	1413780	LOS FASTICTIOUS ORGANISM MIC PAIN	48
82043	1414416	LOS MICROALBUMIN 24 HR URINE	32
86658	1413806	LOS COXSACKIE A & B AB. EVALUATION	73
86635	1413814	LOS COCCIDIOIDES IGG,IGM,IGA	63
86756	1413822	LOS RESP VIRUS SYNCYTIAL ANTIBDOY	71
83520X1	1413830	LOS ANTI PHOSPHOLIPID EVALUATION	2,323
2			
88291	1413848	LOS CHROMOSOMAL (BLOOD)	152
	1413855	LOS RUBEOLA MEASLES (392)	162
82495	1413863	LOS CHROMIUM URINE	113
82540	1413871	LOS CREATINE	26
86332	1413889	LOS CIRCULATING IMMUNE COMPLEX	136

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
83825	1413897	LOS MERCURY BLOOD	91
82232	1413913	LOS BETA 2 MICROGLOBULIN CSF	89
82533	1413921	LOS CORTISOL AM,PM OR RANDOM	91
82157	1413939	LOS ANDROSTENEDIONE SERUM	162
82627	1413947	LOS DEHYDROEPIANDROST SULF	123
87299	1413954	LOS CMV IMMEDIATE EARLY AG. URINE	73
83970	1413962	LOS PARATHYROID HORMONE PLAZMA SER	230
82507	1413996	LOS CITRATE URINE 24HR	154
87799	1414002	LOS EPSTEIN BARR VIRUS DNA ULTRA	238
80158	1414036	LOS CYCLOSPORINE HPLC BL	100
83021	1414044	LOS HEMOGLOBIN VARIANT SCREEN HPLC	100
82310	1462662	LOS PTH C TERMINAL WITH CALCIUM	29
87798	1414069	LOS ENTEROVIRUS DNA	194
	1414077	LOS WESTERN BLOT (ML)	265
82941	1414093	LOS GASTRIN SERUM (FROZEN FASTING)	97
99001	1414101	LOS EXPRESS POST	27
	1414119	LOS AIR FREIGHT AND OR DRY ICE	219
88360	1414127	LOS ESTRO REC ASS PROG REC A (490)	613
82626	1414135	LOS DEHYDROEPIANDROSTERONE (DHEA)	141
	1414143	LOS TORCH PANEL IGG (828)	219
82330	1413145	LOS IONIZED CALCIUM	76
	1414168	LOS T4 T8 RATIO (ML)	503
	1414176	LOS T S H RECEPTER(TSH-R)	167
82340	1415132	LOS CALCIUM URINE	34
84681	1414192	LOS C-PEPTIDE SERUM	115
83505	1414200	LOS HYDROXYPROLINE TOT 24HR URINE	134
89325	1414218	LOS ANTI-SPERM ANTIBODY 1GG,IGA&IG	60
82550	1462779	LOS CREATINE KINASE (CK) ISOENZYMES	36
84080	1414234	LOS ALKALINE PROSPHATASE ISOENZYME	82
	1414242	LOS ANTI-ADRENAL CORTEX AB	154
82164	1414259	LOS ANGIOTENSIN-I-CONVERTING ENZYM	81
87902	1414267	LOS HEP C SUBTYPE	1,428
87252	1414275	LOS HSV CULTURE	144
80192	1414283	LOS PROCAINAMIDE & N-ACEYTLPROCAIN	92
	1414291	LOS SJOGRENS ANTIBODY (B05)	172
82365	1414309	LOS STONE ANALYSIS	71
82530	1414317	LOS CORTISOL FREE 24 HR URINE	92
87102	1414325	LOS FUNGUS CULTURE AND STAIN	47
	1414333	LOS CA 125 SERUM (CANCER MARK)(M18)	160
83520	1414341	LOS GLIADIN ANTIBODY IGH,IGA	78

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
82085	1414358	LOS ALDOLASE SERUM 1392	53
82380	1414366	LOS CAROTENE ALPHA & BETA	52
	1414374	LOS MERCURY INDUS RANDOM URI 4873UI	219
80299	1414382	LOS DIGITOXIN SERUM	84
86708	1414390	LOS HEP A TOTAL IGM AB	68
83655	1414408	LOS LEAD,URINE	68
82565	1412006	LOS GLOMERULAR FILTRATION RATE, EST	29
	1414424	LOS RAST PR R82 83 84 85 86 87(R82)	313
	1414432	LOS RAST PROF R91 92 93 (R91)	131
	1414440	LOS INFLUENZA A&B IGG,IGM,IGA	300
82955	1414457	LOS GLUCOSE-6-PHOS DEH (G-6-PD)	53
86334	1414465	LOS IMMUNOFIXATION,CSF	209
82300	1414473	LOS CADMIUM BLOOD	128
82300	1414481	LOS CADMIUM URINE PANEL	128
82985	1414499	LOS FRUCTOSAMINE	84
87186	1414515	LOS GRAM NEGATIVE SUSCEPT PANEL	48
86644	1414523	LOS CMV ANTIBODY IGG	79
86645	1414531	LOS CMV ANTIBODY IGM	94
87186	1414549	LOS GRAM POSTIVE MIC PANEL	48
84220	1414564	LOS PYRUVATE KINASE	52
86665	1414572	LOS EBV ANTIBODY VCA - IGG	100
86665	1414580	LOS EBV ANTIBODY VCA - IGM	100
86664	1414598	LOS EBV ANTIBODY E BNA IGG	84
87106	1414614	LOS FUNGAL ISOLATE ID	57
86710	1414630	LOS INFLUENZA TYPE A & B IGG	74
	1414648	LOS LEGIONELLA ANTIBODY (NAL)	91
82575	1470418	LOS - CREATININE CLEARANCE	52
84120	1414663	LOS PORPHYRINS FRACT 24 HR URINE	81
86618	1414689	LOS LYME DISEASE IGG IGM	94
	1414697	LOS LYME DISEASE IGG	259
87109	1414705	LOS MYCOPLASMA PNEUMONIAE CULTURE	86
86738	1414713	LOS MYCOPLASM PNEUMONIAE IGG,IGM	73
86765	1414721	LOS MEASLE IGG	71
86765	1414739	LOS MEASLES IGM	71
86735	1414747	LOS MUMPS IGG	73
86735	1414754	LOS MUMPS IGM	73
87109	1414762	LOS MYCO/UREAPLASMA GENITAL CULT	86
86777	1414770	LOS TOXO AB IGG	79
86778	1414788	LOS TOXO AB IGM	79
87252	1414796	LOS VIRUS CULTURE	144

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
83918	1414804	LOS ORGANIC ACID URINE	107
82139	1414812	LOS AMINO ACID CSF QUANTITATIVE	94
86603	1414838	LOS ADENOVIRUS AB, CF	71
82785	1413509	LOS IGE, SERUM OR PLASMA	91
87265	1414853	LOS BORDETELLA DFA	66
82787	1415397	LOS IGG SUBCLASSES 1,2,3 & 4	45
82787	1415595	LOS IGG SUBCLASSES 1 & 2	45
83088	1414903	LOS HISTAMINE PLASMA	163
86256	1414911	LOS STRIATIONAL TOTAL AUTOABS	150
82175	1414929	LOS HEAVY METALS,QUANTITIVE URINE	105
84260	1414937	LOS SEROTONIN BLOOD	171
	1414945	LOS SYPHILLIS SEROLOGY VDRL (NAL)	100
82016	1414952	LOS NEONATAL SCREEN	78
83036	1414150	LOS HEMOGLOBIN A1C, QUANTITATIVE	53
83835	1414978	LOS METANEPHRINES (URINE)	94
83036	1459981	LOS ALTERNATE HBA1C	53
83497	1414986	LOS 5-HIAA (URINE)	71
82232	1415009	LOS BETA 2 MICROGLOBULINS SERUM	89
82232	1415017	LOS BETA 2 MICROGLOBULINS URINE	89
86334	1415025	LOS IMMUNOFIXATION,SERUM	209
86341	1415033	LOS ISLET CELL AUTOAB.EVALUATION	110
82306	1415041	LOS VITAMIN D , 25 - HYDROXY	165
86790	1415058	LOS HERPES VIRUS-6 IGG & IGM ABS	71
85613	1415066	LOS LUPUS ANTICOAGULANT	53
83789	1415074	LOS AMIODARONE & DESETHYLAMIODARON	108
80299	1415082	LOS CLOZAPINE SERUM	84
83825	1415090	LOS MERCURY URINE	91
80299	1415116	LOS LAMOTRIGINE	84
83735	1413616	LOS MAGNESIUM URINE	37
83735	1470640	LOS - MAGNESIUM, RBC	37
86334	1415140	LOS IMMUNOFIXATION,URINE	209
87529	1415157	LOS HSV DNA DETECTOR	194
86787	1415173	LOS VARICELLA ABIGM	71
86787	1415181	LOS VARICELLA IGG QUANT	71
82139	1415199	LOS AMINO ACID PROFILE URINE	94
82139	1415207	LOS AMINO ACID PROFILE PLASMA	94
83010	1415215	LOS HAPTOGLOBIN	70
86256	1415223	LOS ENDOMYSIAL ANTIBODY	150
86147	1415231	LOS CARDIOLIPIN IGG,IGA,IGM,	141
82784	1415249	LOS IGG,SERUM	52

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
86617	1415256	LOS BORRELIA IGG,IGM,BANDS	86
	1415264	LOS AUTOIMMUNE PROFILE II (P63)	418
86790	1415280	LOS HTLV 1&2 IGG ANTIBODIES	71
84220	1415298	LOS PYRUVATE KINASE ERYTHROCYTES	52
82747	1415306	LOS FOLATE RBC	95
83883	1415314	LOS KAPPA & LAMBDA LIGHT CHAINS	76
86255	1415322	LOS ANTI-ENDOMYSIAL AB IGA,SR	150
83880	1460617	LAB -BNP EVALUATOR (7533)	188
	1415355	LOS BACTERIAL ISOLATE ID (AEROBE)	122
83498	1415363	LOS 17 ALPHA HYDROXPROGESTERONE	150
86787	1415371	LOS VARICELLA IGG & IGM ABS CSF	71
86756	1415389	LOS RSV IGG,IGM	71
83880	1462613	LOS PRO-BNP CARDIOASSESSR	188
86757	1415405	LOS RICKETTTSIA CONORII IGG & IGM	107
86341	1415413	LOS ISLET CELLS IGG AUTO AB	110
86628	1415439	LOS CANDIDA ALBICANS ABS	66
82525	1415447	LOS COPPER SERUM	70
82525	1415454	LOS COPPER URINE RANDOM	70
82104	1415462	LOS ALPHA-I-ANTITRYPSIN PHENO SERUM	81
86747	1415470	LOS PARVO VIRUS BIG IGG & IGM	84
86622	1415488	LOS BRUCELLA ABORTUS IGG AB.	50
86256	1415496	LOS RETICULIN IGA AUTO ABS	150
88291	1415504	LOS AMNIOTIC FLD CHROMOSOME ANALYS	152
82106	1415520	LOS AFAPF AMNIOTIC FLUID	94
88237	1415538	LOS BLOOD CHROMOSOME ANALYSIS	700
88233	1415546	LOS TISSUE CULTURE	781
83021	1415553	LOS HEMOGLOBIN F, QUANTITATIVE	100
	1415561	LOS ASPERGILLUS AB,IGG/IGM (NAL)	113
	1415579	LOS ASPERGILLUS IGE (NAL)	89
82507	1415587	LOS CITRATE URINE RANDOM	154
83880	2323335	LAB -BNP EVALUATOR(7533)	188
87337	1415603	LOS ENTAMOEBIA HISTOLYTICA AG. DET.	66
86635	1415611	LOS COCCIDIOIDES AB	63
86701	1415629	LOS HIV I AB	48
	1415637	LOS RUBELLA IGM (NAL)	87
	1415652	LOS INSUL RESPONTO GLUC IST SPEC	95
	1415660	LOS INSUL RESPONSE EA ADD SPEC(187)	48
87109	1415678	LOS MYCOPLASM HOMINIS CULTURE	86
86256	1415686	LOS SMOOTH MUSCLE TOTAL AUTOAB	150
86021	1415694	LOS ANTI-NEUTROPHIL CYTOPL AUTO AB	84

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
82495	1415710	LOS CHROMIUM (SERUM) WHOLE BLOOD	113
83520	1415728	LOS HISTONE-DNA COMPLEX IGG ABS.	78
	1415736	LOS ANTI-PLATELET AB IGG (DO3)	264
82784	1415744	LOS IGA,SERUM	52
82784	1415751	LOS IGG,CSF	52
85246	1415769	LOS VON WILLEBRAND FACTOR W/MULTI	128
82784	1415777	LOS IGM, SERUM	52
84166	1415793	LOS PROTEIN ELECTROPHORESIS CSF	183
86790	1415819	LOS HTLV1/2 WITH REFLEX IMMUNOBLOT	71
	1415827	LOS TESTOSTERONE,FREE & TOTAL	386
86340	1415835	LOS INTRINSIC FACTOR BLOCKING AUTO	84
83605	1415843	LOS LACTATE	60
83625	1415850	LOS LACTATE DEHYDROGENASE ISOENZYM	71
83655	1415868	LOS LEAD,BLOOD	68
83874	1415876	LOS MYOGLOBIN URINE	71
83916	1415884	LOS OLIGOCLONAL BANDS CSF & SERUM	123
83930	1415892	LOS OSMOLALITY SERUM	37
83935	1415900	LOS OSMOLALITY URINE	37
84030	1415918	LOS PHENYLALANINE, PLASMA	31
84105	1415926	LOS PHOSPHORUS, URINE	29
84110	1415934	LOS PORPHOBILINOGEN , QUANTIT	47
84165	1415959	LOS PROTEIN ELECTROPHORESIS	144
84165	1462860	LOS SERUM PROTEIN ELECTROPHORESIS	144
84165	2323673	LAB PROTEIN ELECTRO SERUM	144
	1415975	LOS SJOGRENS PROFILE (P73)	228
84166	1415983	LOS PROTEIN ELECTROPHORESIS,URINE	183
82652	1415991	LOS VIT D (1,25 DI-OH)	213
84590	1416007	LOS VITAMIN A	65
84630	1416015	LOS ZINC SERUM	63
84630	1416023	LOS ZINC URINE	63
83498	1416031	LOS 17-HYDROXY PROGESTERONE	150
83519	1416049	LOS ACETYLCHOLINE RECEPT AB SERUM	82
82105	1416056	LOS ALPHA FETOPROTEIN,TUMOR MARK	94
84376	1462621	LOS REDUCING SUBSTANCES STOOL	31
82108	1416072	LOS ALUMINUM SERUM	141
85420	1416080	LOS PLASMINOGEN ACTIVITY	36
82139	1416098	LOS AMINO ACID SCREEN,PLASMA	94
86235	1416114	LOS EXTRACTABLE NUCLEAR AB	100
86256	1416122	LOS SKIN AUTO AB	150
86256	1416130	LOS PARIETAL CELLS TOTAL AUTOABS	150

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
84702	1413400	LOS BETA HCG HUMAN CHORIONIC GRONA	84
	1416155	LOS MICROALBUMIN RANDOM URNE	73
87798	1416163	LOS ENTEROVIRUS SPECIATION	194
86235	1416171	LOS U1 RNP/SNRNP IGG AUTOAB	100
86235	1416189	LOS SSA & SS-B IGG AUTOANTIBODIES	100
86215	1416197	LOS ANTI-DNASE B	73
86816	1416205	LOS HLA-DR ANTIGEN	155
86376	1416213	LOS LIVER-KIDNEY-MICROSOME AUTOAB	81
86235	1416221	LOS PM-SCL AUTO ABS	100
83520	1416247	LOS THYROID STIMULATING IMMUNOGLO	78
83690	1416254	LOS LIPASE	39
	1416262	LOS THYROID STIMULATING IMMUNOGLOB	461
84432	1416288	LOS GLOBULIN SERUM	89
83080	1416296	LOS HEXOSAMINIDASE A ACTIVITY	94
	1416312	LOS AUTOIMMUNE WESTERN BIA (NAL)	280
	1416320	LOS CAT SCRATCH DISEASE (NAL)	236
86793	1416338	LOS YERSINIA ENTEROCOLITICA	73
	1416346	LOS LACT DEHYDROGENASE ISOENZY	143
82677	1416353	LOS ESTRIOL (E3) (PREGNANCY)	134
	1416361	LOS OSTEOPOROSIS EVALUATION	896
83090	1416379	LOS HOMOCYSTEINE ULTRAQUANTITIVE	94
82668	1416387	LOS ERYTHROPOIETIN	103
86256	1416395	LOS MITOCHONDRIAL TOTAL AUTO AB	150
86617	1416403	LOS BORRELIA BURGDORFERI IGG/IGM	86
84270	1416411	LOS SEX ANDROGEN BINDING GLOBULIN	121
83520	1416429	LOS SOLUBLE LIVER ANTIGEN AUTOAB	78
84999	1417922	LOS OVA1	664
82390	1416445	LOS CERULOPLASMIN	60
84120	1416486	LOS PORPHYRINS,FRACTIONATED	81
87328	1416494	LOS GIARDIA ANTIGEN	66
	1416502	LOS IMMUNOGLOBULINS, CSF	380
	1416528	LOS HSV SERODEX TYRES 1&2 SPEIFIC	309
83918	1416536	LOS ORGANIC ACID, PLASMA	107
86162	1416551	LOS COMPLEMENT CH 50	113
84446	1416569	LOS VITAMINE E SERUM	79
84207	1416577	LOS VITAMIN B6	155
85240	1414051	LOS FACTOR 8 ACTIVITY	99
86787	1416593	LOS VARICELLA IGG & IGM ABS SERUM	71
	1416601	LOS ROCKY MOUNT SPOTTED FEVER	86
82634	1416619	LOS II DEOXYCORTISOL	162



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
85250	1461045	LOS FACTOR X1 ACTIVITY	105
87252	1416635	LOS CMV BLOOD CULTURE	144
86694	1416643	LOS HSV TYRES 1&2 IGG & IGM	79
85250	1470467	LOS - FACTOR IX ACTIVITY,CLOTTING	105
87327	1416668	LOS CSF CRYPTOCOCCAL ANTIGEN	66
87327	1416676	LOS CRYPTOCOCCAL ANTIGEN	66
87491	1416684	LOS CHLAMYDIA BY LCR (URINE)	194
82525	1416692	LOS COPPER 24 HR URINE	70
86235	1416700	LOS JO-1 AUTOANTIBODIES	100
	1416718	LOS MITOCHONDRIAL TOTAL AUTOAB.	87
83520	1416726	LOS GLOMERULAR BASE MEM IGG AU AB	78
83661	1416734	LOS L/S RATIO AMNIOTIC FLUID	121
86255	1416759	LOS CENTROMERE AUTOANTIBODIES	150
	1416791	LOS ADENOVIRUS AB , IGG EIA	316
87281	1416809	LOS PNEUMOCYSTIS CARNII,DFA	66
80299	1416817	LOS GABAPENTIN,SERUM OR PLASMA	84
84066	1416825	LOS PROSTATIC ACID PHOSPHATASE	53
85300	1413111	LOS ANTIROMBIN III FUNCTIONAL	66
86618	1416858	LOS BORRELIA BURGDORFER IGG IGM CSF	94
	1416866	LOS OLIGOCLONAL IG BANDS CSF/SERUM	411
86632X3	1416874	LOS CHLAMYDIA SPP. TOTAL AB	149
85301	1416627	LOS ANTI-THROMBIN III	60
85302	1415942	LOS PROTEIN C AG	66
80150	1416908	LOS AMIKACIN PEAK & TOUGH	84
80150	1416916	LOS AMIKACIN SERUM,(SINGLE SPEC)	84
	1416932	LOS SCHISTOSOMA IGG & IGM	302
	1416940	LOS TOXO PANEL IGG + IGM (NAL)	188
86800	1416957	LOS THYROID AUTOANTIBODIES	89
85246	1416965	LOS VON WILLEBRAND FACTOR WITHOUT	128
82670	1416973	LOS ESTRADIOL(E2),HIGH SENSITIV	155
88321	1416981	LOS 2ND OPINION PATHOLGY	472
87903	1417005	LOS HIV GENOME RESISTANCE TEST	2,710
87522	1417039	LOS HEP C VIRAL RNA,PCR QUAN	238
82105	1417047	LOS MATERNAL SCREEN AFP (GENZYME)	94
	1417054	LOS VIRAL RESPIRATORY PANEL (NAL)	100
80197	1417062	LOS FK506(TACROLIMUS),BLOOD	76
87536	1417070	LOS HIV VIRAL LOAD ULTRA QUANT	472
86039	1417088	LOS ANTINUCLEAR ANTIBODY	61
86606X3	1417096	LOS ASPERGILLUS EVALUATION (2316)	166
86606	1417104	LOS ASPERGILLUS TOTAL ABS	84

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
86361	1417112	LOS HIV ULTRAQUANT & CD48	149
86665	1417120	LOS EPSTEIN-BARR EVALUATION	100
82595	1417138	LOS CRYOGLOBULINS (1155)	36
86800	1417146	LOS THYROGLOBULIN AUTO AB	89
86695	1417153	LOS HSV IGG 1&2 & IGM	73
86694	1417161	LOS HSV IGM 1&2	79
86161	1417179	LOS C1 ESTERASE INHIBITOR	66
86790	1417187	LOS DENGUE VIRUS TOTAL AB	71
86804	1417195	LOS HEP C VIRUS RIBA/REF PCR	86
	1417203	LOS SCL-70 IGG AUTOANTIBODIES	67
86644	1417211	LOS CMV IGG & IGM	79
86003	1417229	LOS RAST ALLERGENS PER ALLERGEN	29
83918	1417237	LOS METHYLMALONIC ACID	107
86360	1417245	LOS LYMPHOCYTE ENUMERATION	260
86332	1417252	LOS IMMUNE COMPLEX ASSAY	136
	1417260	LOS TORCH IGG AB EVALUATION	451
	1417278	LOS TORCH IGM AB EVALUATION	477
	1417286	LOS HSV 2 IGG & IGM (9481)	309
85303	1414895	LOS PROTEIN C ACTIVITY	76
87143	1417302	LOS AFB ID MYCOBACTERIUM	70
87190	1417310	LOS AFB SUSCEPTIBILITY M. TUB	32
86256	1417328	LOS CELIAC DISEASE AB EVAL	150
87530	1417336	LOS HSV 1&2 DNA ULTRAQUANT CSF	238
83950	1417344	LOS HER-2/NEU ONCOPROTEIN	357
86668	1417351	LOS TULAREMIA TOTAL AB	63
86674	1417369	LOS GIARDIA IGG, IGM, IGA	81
83918	1417377	LOS ORGANIC ACID URINE PANEL	107
	1417385	LOS SCHISTOSOMA ABS EVALUATION	1,236
83519	1417393	LOS THYROTRODIN RECEPTOR AUTO ABO	82
83516	1417401	LOS MYOSITIS MI-2 AUTOAB	65
85305	1412105	LOS PROTEIN S ANTIGEN, TOTAL	65
85305	1415967	LOS PROTEIN S ACTIVITY	65
85810	1417435	LOS VISCOSITY SERUM	65
87265	1417443	LOS PERTUSSIS PARAPERTUSSIS EVAL	66
87279	1417450	LOS PARAINFLUENZA VIRUS TYPE 1-3	74
86695	1417468	LOS HSV 1 IGG & IGM	73
87077	1417476	LOS AEROBIC BACTERIAL ID	45
	1417484	LOS HSV-6 HUMAN IGG AB INDEX	646
86622	1417492	LOS BRUCELLA ABOR IGG,IGM,IGA AB	50
85306	1412097	LOS PROTEIN S ANTIGEN, FREE	86

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
87110	1417518	LOS CHLAMYDIA TRACHOMATIS CULT	108
87110	1417526	LOS CHLAMYDIA PNEUMONIAE CULT	108
86631X2	1417534	LOS CHLAMYDIA PNEUMONIAE TOT AB	142
86631	1417542	LOS CHLAMYDIA TRACHOMATIS IGG AB	66
86631	1417559	LOS CHLAMYDIA TRACHOMATIS IGM AB	66
87186	1417567	LOS POSITIVE SUSCEPT PANEL	48
87299	1417575	LOS MMED EARLY AG WHOLEBLOOD	73
87449	1417583	LOS IONELLA PNEUMOPHILA AG	66
	1417609	LOS SS-A&SS-B AUTOANTIBODIES	167
82013	1417617	LOS ACETYLCHOLINESTERASE MATERNAL	61
	1417625	LOS CYSTIC FIBROSIS SCREENING	415
82088	1417633	LOS ALDOSTERONE 24HR URINE	226
	1417641	LOS CL DIFFICILE TOXIN EVALUATION	272
84305	1417658	LOS INSULIN LIKE GROWTH FACTOR	118
86674	1417666	LOS GIARDIA LAMBLIA IGG AB	81
87337	1417674	LOS ENTAMOEBIA HISTOLYTICA AB	66
85210	1417682	LOS FACTOR 11 GENTOYPR	73
85613	1417690	LOS ANTIPHOSPHOLIPID SYNDROME EVAL	53
87107	1417708	LOS FUNGUS ID MOULD	57
87106	1417716	LOS FUNGUS ID YEAST	57
87517	1417724	LOS HEP B VIRUS DNA DETECTOR	238
86316	1417740	LOS CA18-19	115
87491	1417765	LOS CHLAMYDA/GC	194
86003	1417773	LOS BETA-LACTOGLOBULIN	29
84480	1417781	LOS T3 FREE	79
84436	1417799	LOS T4 FREE	39
82728	1417807	LOS FERRITIN	76
	1417815	LOS IHC (4 MARKERS)	403
	1417823	LOS B-CELL GENE REARRANGEM BY PCR	306
	1417831	LOS ISH TECHNICAL COMPONENT ONLY	184
	1417849	LOS PLASMA CELL PANEL	433
	1417856	LOS INTERPRETATION AND REPORT GENZ	68
MULTI	1417864	LOS SEQUENTIAL SCREEN 1	82
85307	1413384	LOS ACTIVATED PROTEIN C RESISTANCE	86
	1417880	LOS TESTOSTERONE FREE DIAL W TOTAL	106
82175	1417898	LOS HEAVY METALS WHOLE BLOOD	
83655			126
87799	1417906	LOS BK VIRUS DNA QUANT	238
84999	1417914	LOS OVA1 (INCLUDE FSH AND LH)	
83001			808
85307	1470046	LOS - APCR WITH REFLEX TO FACTOR V	86

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
87103	1417930	LOS FUNGUS CULTURE WB OR BMARROW	92
84311	1417948	LOS FUNGITELL(R) (1-3)-BD-GLUCAN AS	39
82172X2	1417955	LOS APOLIPOPROTEIN A-1 & B	91
83516	1417963	LOS HISTONE ANTIBODIES	65
86022	1417971	LOS HEPARIN-PF4 ANTIBODIES (HIT)	102
84484	1417989	LOS TROPONIN I - ULTRA	57
	1421817	LOS VON WILLERBRAND EVALUATION 5981	841
88271X5, 88274	1426220	LOS - FISH,PRENATAL SCREEN	479
	1459791	LOS PRODUCTS OF CONCEPTION	734
82139	1459809	LOS AMINO ACID PROFILE QUALITATIVE	94
	1459817	LOS HERPES VIRUS 7	361
	1459833	LOS FACTOR II GENOTYPR	469
83519	1459841	LOS GLUTAMIC ACID DECARB AUTOAB	82
	1459858	LOS TRANSGLUTAMINASE IGA AUTOAB	148
	1459866	LOS 1 IHC STAIN	91
	1459874	LOS 2 IHC STAINS	129
	1459882	LOS 3 IHC STAINS	195
	1459890	LOS 4 IHC STAINS	261
	1459908	LOS 5 IHC STAINS	324
	1459916	LOS 6 IHC STAINS	390
	1459924	LOS 7 IHC STAINS	453
	1459932	LOS 8 IHC STAINS	519
	1459940	LOS 9 IHC STAINS	584
	1459957	LOS 10 IHC STAINS	648
86674	1459965	LOS GIARDIA IGG AB	81
	1459973	LOS SICKLE CELL MONITR	132
85378	1417294	LOS D-DIMER	44
83670	1459999	LOS LEUKOCYTE AKLALINE PHOSPHATASE	50
	1460005	LOS MONOCLONAL GAMMOPATHY EVAL	481
	1460013	LOS SACCHAROMYCES CEREVISIAE AB	158
86606	1460021	LOS ASPERGILLUS IGG IGM IGA AB	84
84255	1460039	LOS SELENIUM	142
85520	1414994	LOS HEPARIN ANTIFACTOR XA	73
	1460054	LOS PAN-ANCA EVALUATION	586
	1460062	LOS IGG SUBCLASS 1-4	833
	1460070	LOS ALLERGEN PANEL - MOLDS	336
8660	1460088	LOS ASPERGILLUS AB IGG IGA IGM	217
83890/92 /94	1460096	LOS BETA THALISSEMIA	563

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
83789	1460104	LOS BILE ACID FRACTIONATED	
82239			201
86631	1460112	LOS CHLAMYDIA PSITTACI IGG IGM IGA	
86632			367
86200	1460138	LOS CYCLIC CITRULLINATED PEPTIDE	71
82677	1460146	LOS ESTRIOL UNCONJUGATED	134
82679	1460153	LOS ESTRONE	139
83001	1460161	LOS FSH AND LH EVALUATION	
83002			201
86705	1460179	LOS HEP B CORE IGM ABS	65
87517	1460187	LOS HEP B VIRUS DNA ULTRAQUA	238
83891	1460195	LOS HEP B VIRUS GENOTYPE	
83900			661
86692X2	1460203	LOS HEP DELTA TOTAL& IGM ABS	335
86689X2	1460211	LOS HIV 1&2 ABS{IB}+BANDS	223
87535	1460229	LOS HIV-1 DNA DETECTOR	194
85730	1470533	LOS - VON WILLEBRAND COMP PANEL	34
83519	1460245	LOS INSULIN-LIKE BINDING PROTEIN	82
86038	1416585	LOS ANA PROFILE I (NAL)	66
80299	1460260	LOS LEFLUNMOIDE	84
85540	1460278	LOS LEUKOCYTE ALKALINE PHOSPHATASE	48
80299	1460286	LOS LEVETIRACETAM	84
83695	1460294	LOS LIPOPROTEIN PROFILE	
84478			179
85549	1460302	LOS LYSOZYME SERUM	103
83937	1460310	LOS OSTEOCALCIN	165
80299	1460328	LOS OXCARBEMAZEPINE	84
86003	1460336	LOS RAST-RED DYE #2	29
80195	1460344	LOS SIROLIMUS MONITOR	76
83519	1460351	LOS TRYPSINOGEN	82
82306	1460369	LOS VITAMIN D3	165
87071X2	1460377	LOS BORDETELLA PERTUSSIS/PARAPERTU	226
87801	1460385	LOS BORDETELLA PERTUSSIS DNA DETCT	390
86747X2	1460393	LOS PARVOVIRUS B19 IGG&IGM ABS	134
82523	1460401	LOS N-TELOPEPTIDES W/CREATININE	
82570			161
87529X2	1460419	LOS HSV DNA DETE	481
83586	1460427	LOS 17 KETOSTEROID WITH CREAININE	
82570			87
86038	1470400	LOS - REFLEX ANA PATTERN AND TITRE	66

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
908X2	1460443	LOS HEMOCHROMATOSIS DNA GENOTYPR	
83912			464
86140	1413269	LOS C-REACTIVE PROTEIN SERUM	29
88184	1460468	LOS LEUKEMIA/LYMPHOMA FLOW EVALU	
88185			2,573
84480	1460476	LOS TRIIODTHYRONINIE	79
85303	1460484	LOS PROTEIN C&S ACTIVITY	
85306			538
89325X3	1460492	LOS SPERM ABS	124
87109X2	1460500	LOS UREAPLASMA UREALYTICUM/MYCOPLA	299
84588	1460518	LOS ANTIDIURETIC HORMONE	188
80201	1460526	LOS TOPIRAMATE	66
83520	1460534	LOS CHROMOGRANIN A	78
86316	1460542	LOS NEURON-SPECIFIC ENOLASE	115
86003	1460559	LOS RAST-STACHYBOTRYS ATRA IGE	29
82139	1460567	LOS AMINO ACID QUANTITATIVE PLASMA	94
83908X2	1460575	LOS MTHFR A1298C MUTATION	480
87449	1460583	LOS NOROVIRUS ANTIGEN	66
84181	1460591	LOS NEURONAL NUCLEAR AUTOABS IB	178
83519	1460609	LOS MUSK ANTIBODY	82
86141	1460633	LAB - C-REACTIVE PROT ULTRA (CARDO)	71
83520	1460625	LAB -CARTILAGE OLIGO MATRIX (CARDI)	78
86141	2323350	LAB -C-REACTIVE PROTEIN ULTRA (CARD)	71
86704	1460641	LAB HEP B VIR CORE ANTIBODY	66
86705	1460658	LAB HEP B VIR CORE IGM ANTIBODIES	65
	1460666	LAB -TPMT GENOTYPR	497
84597	1460674	LAB - VITAMIN K1	76
80299	1460690	LAB -THIOPURINE METABOLITES	84
87798	1460708	LAB - TOXOPLASMA DNA DETECTR	194
83516	1460716	LAB -ANTIPHOSPOLIPID EVALUTION	65
85810	1460724	LAB -LUPUS ACTIVITY REPORTER	65
84482	1460732	LAB -REVERSE T3	87
87169	1460740	LAB -OVA&PARASITE WORM IDENTIFICATI	24
84586	1460757	LAB VASOACTIVE INTESTINAL POLYPEPTI	196
83525	1460765	LAB -INSULIN	63
86316	1460773	LAB -CA 72-4	115
83519	1460781	LAB -TSH ANTIBODIES	82
82088	1460807	LAB- ALDOSTERON/RENIN RATIO	226
84439	1460815	LAB -THYROXINE FREE,DIRECT DIALYSIS	50
87522	1460823	LAB HEPATITIS C VIRUS DNA QUANITATI	238
85557	1460831	LAB -HEREDI SPHEROCYTO PANEL	74

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
82784	1460849	LAB -CELIAC DISEASE EVALUATION W/IG	52
83519	1460856	LAB -21-HYDROXYLASE AB	82
84479	1460864	LAB -RESIN T3 UPTAKE RATI	36
82139	1460872	LAB - AMINO ACID ANALYSIS LC/MS	94
83883	1460880	LAB-CUSTOM ECHIN BENCE JONES PRO 24	76
83789	1460898	LAB -IODINE PLASMA OR SERUM	108
86741	1460914	LAB NEISSERIA MENINGITIDIS IGG VAC	73
80299	1460930	LAB- MERCAPTOPURINE	84
87015	1461003	LOS COCCIDID EVALUATION (2363)	
87207			155
85230	1461029	LOS FACTOR V11 ACTIVITY (1945)	99
85260	1461037	LOS FACTOR X ACTIVITY	99
86160	1413483	LOS COMPLEMENT 2 CONCENTRATION	66
84425	1461052	LOS THIAMINE	118
86720	1461060	LOS LEPTOSPIRA IGG & IGM AB	73
85247	1461078	LOS VON WILLERBRAND PR	128
86146	1461086	LOS BETA-2-GLYCOPROTEIN 1 IGG,IGM	141
86003X9	1461094	LOS CUSTOM REGION FULL ALLERGY PAN	424
86003X5	1461102	LOS CUSTOM REGION FOOD ALLERGY PANE	235
86003	1461110	LOS FOOD MIX IGE NUTS FX1	29
86003	1461128	LOS FOOD MIX IGE CEREAL FX3	29
86003	1461136	LOS FOOD MIX IGE MEAT & EGG FX10	29
86003	1461144	LOS FOOD MIX IGE VEGETABLES FX13	29
86003	1461151	LOS FOOD MIX IGE SEAFOOD FX2	29
86003	1461169	LOS FOOD MIX IGE GRAIN FX20	29
86003	1461177	LOS FOOD MIX IGE SPICES FX72	29
86003	1461185	LOS FOOD MIX IGE FRUIT FX15	29
83883	1461193	LOS MYELOMA EVALUATOR	76
84591	1461201	LOS NIACIN, PLASMA	76
84591	1461219	LOS BIOTIN 1493	76
82175	1461227	LOS ARSENIC WHOLE BLOOD	105
9430	1461235	LOS CMV DNA ULTRAQUANT	467
87496	1461243	LOS CMV DNA DETECTR	194
86160	1414184	LOS COMPLEMENT C4, SERUM	66
86780	1461276	LOS TREPONEMA PALLIDUM	83
83912X3	1461284	LOS HLA-A,B,C CLASS I DNA TYPING	740
86235	1461300	LOS U3RNP AB	100
83516	1461318	LOS GLIADIN IGG ABS	65
83516	1461326	LOS GLIADIN IGA ABS	65
86255	1461334	LOS ENDOMYSIAL IGA AUTOANTIBODIES	150
86255	1461342	LOS ENDOMYSIAL IGG AUTOANTIBODIES	150

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
83516	1461359	LOS TRANSGLUTAMINASE IGG IGA AUTOA	65
83516	1461367	LOS TRANSGLUTAMINASE IGG AUTOABS	65
82784	1461375	LOS CUSTOM KING BARCLAY CELIAC PAN	52
86480	1461383	LOS QUANTIFERON TB GOLD	344
	1461391	LOS TGA IGA AUTOABS (PROM)	48
	1461409	LOS TGA IGG AUTOABS (PROM)	48
	1461417	LOS ENDOMYSIAL IGA AUTOABS (PROM)	163
	1461425	LOS TOTAL IGA (PROM)	27
84181	1461458	LOS ANTIHU (NEURONAL NUC AUTOABS)	178
86753	1461466	LOS BABESIA MICROTI IGG&IGM ANTIBOD	68
86622	1461474	LOS BRUCELLA ANTIBODIES IGG IGM	50
82164	1461482	LOS CFS ANGIOTENSIN CONVERTING ENZY	81
84182	1461490	LOS CAR AUTOANTIBODY TEST	215
82379	1461508	LOS CARNITINES EVALUATION	94
86160	1415124	LOS COMPLEMENT 3 SERUM	66
83519	1461557	LOS CORTICOTROPIN RELEASING HORMONE	82
86160	1416882	LOS COMPLEMENT C1 INHIBITOR	66
82600	1461573	LOS CYANIDE BLOOD	108
80103	1461581	LOS DRUG SCREEN,HAIR	
80101			685
86658	1461599	LOS ECHOVIRUS ABS, CSF	73
84202	1461607	LOS ERYTHROCYTE PROTOPORPHYRINS	79
83890	1461623	LOS HEP B VIRUS DRUG RESISTANCE	
83894			554
83150	1461631	LOS HOMO VANILLIC ACID 24HR URINE	107
83150	1461649	LOS HOMO VANILLIC ACID URINE, RANDOM	107
86336	1461656	LOS INHIBIN	86
83519	1461664	LOS VOLTAGE-GATED CALCIUM CHANNEL I	82
80176	1461672	LOS LIDOCAINE	81
87186	1461698	LOS FUNGUS SUSCEPTIBILITY 5-FLUOROC	48
87186	1461706	LOS FUNGUS SUSCEPTA AMPHOTERICIN B	48
87186	1461714	LOS FUNGUS SUSCEPTABILITY FLUCONAZO	48
83516	1461722	LOS MYOSITIS ASSESS R PLUS JO-1 AB	
86235			779
83519	1461730	LOS MYASTHENIA GRAVIS EVALUATION	
86255			298
83912	1461748	LOS NEUROFIBROMATOSIS TYPE 1	
83898			1,299
86609	1461755	LOS NEISSERIA GONORRHOEAE ANTIBODIE	71
86300	1416064	LOS CA 15-3	115
80299	1461771	LOS OLANZAPINE	84



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
86658	1461789	LOS POLIOVIRUS ANTIBODIES	73
80299	1461797	LOS PROPAFENONE (RYTHMOL)	84
80299	1461805	LOS PYRIDOSTIGMINE	84
86757	1461813	LOS RICKETTSIA TYPHI IGG & IGM	107
84442	1461821	LOS THYROXIN BINDING GLOBULIN	82
83090	1461839	LOS THROMBOTIC RISK EVALUATION 2	
85300			1,260
86682	1461847	LOS TOXOCARA IGG,IGM & IGA ABS	73
85300	1461854	LOS THROMBOTIC RISK EVALUATION 1	
85303			1,021
86753	1461862	LOS TRYPANOSOMA CRUZI IGG ABS	68
82180	1461870	LOS VITAMIN C	55
84181	1461888	LOS PARANEOPLASTIC SYNDROME EVALUAT	178
	1461896	LOS HER-2 FISH	432
	1461904	LOS AMNIOTIC FLUID CHROMOSOME ANALY	503
	1461912	LOS CYST FIBROS 97 MUTN ANA CF-PLUS	308
82106	1461920	LOS AFAPP	94
	1461938	LOS PROD OF CONCEPTN CHROMO ANALYS	506
	1461946	LOS ER/PR & HER-2 (IHC)	298
	1461953	LOS ER/PR & HER-2 (FISH)	678
	1461961	LOS AFP4	129
	1461979	LOS CLL PANEL	427
	1461987	LOS FLW CYTOMETRY EA ADDTNL MARKER	87
86300	1416890	LOS CA 27.29	115
	1462001	LOS PERIPHERAL BLD RTN CHROMO ANALS	336
	1462019	LOS INDVL FISH PROBE (ONCOLOGY)	242
	1462027	LOS FRAGILE-X SYNDROME	261
	1462035	LOS IP FISH ANAL 100-300 C 1PRB 1HY	271
	1462043	LOS IP FISH ANAL 100-300 C 2PRB 2HY	346
	1462050	LOS IP FISH ANAL 100-300 C 5PRB 5HY	437
	1462068	LOS IP FISH ANAL 100-300 C 6PRB 6HY	530
	1462076	LOS MATERNAL SERUM ALPHAFETOPROTEIN	76
	1462084	LOS GENZYME SETUP FEE	108
	1462092	LOS SPINAL MUSCULAR ATROPHY	460
	1462100	LOS REF TO ANITB LIB >200 IHC MARKR	25
	1462118	LOS T-CELL GENE REARRANGEMENTS BY	271
82013	1462126	LOS ACHE	61
	1462134	LOS CHROMOSOME ANALYS, BONE MARROW	460
	1462142	LOS BCR/ABL RT-PCR (QUANTITATIVE)	514
	1462159	LOS COMPREHENSIVE SCREENING PANEL	433
	1462167	LOS PRENTL I F CHROMO 13,18,21,X,Y	216

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	1462175	LOS JAK2	243
	1462183	LOS SKADA CONSULT DERMATOPATHOLOGY	243
83520	1462191	LOS IBD SEROLOGY 7	78
82657	1462217	LOS TPMT ENZYME	100
83520	1462233	LOS SERUM INFLIXIMAB/HACA MEASUREMN	78
83883	1462241	LOS FIBROSPECT II	76
83520	1462258	LOS CELIAC PLUS	78
82784	1462274	LOS TOTAL SERUM IGA BY NEPHELOMETRY	52
83520	1462282	LOS ANTI-HUMAN TISSUE TRANSGLU IGA	78
83520	1462290	LOS ANTI-GLIADIN IGA ELISA	78
83520	1462316	LOS ANTI-GLIADIN IGA	78
82239	1462332	LOS BILE ACID TOTAL	95
86615	1462340	LOS BORDETELLA PERTUS IGG,IGA ANTIB	73
86355	1462357	LOS CD19 SURFACE MARKER	209
86631	1462365	LOS CHLAMYDIA PSITTACI IGG,IGM,IGA	66
86631	1462373	LOS CHLAMYDIA TRACHOMAT IGG&IGM&ABS	66
80299	1462399	LOS FLUVOXAMINE (LUVOX)	84
86684	1462407	LOS HAEMOPHILUS INFLUENZ B IGG ABS	87
87338	1462415	LOS HELICOBACTER PYLORI AG STOOL	79
83516	1462423	LOS HEP AUTOIMMUNE EVALUATOR	65
83516	1462431	LOS HEP AUTOIMMUNE EVALUATOR PLUS	65
87521	1462449	LOS HEP C VIRUS RNA DETECTOR	194
86692	1462456	LOS HEP D VIRUS ANTIBODY,TOTAL	95
87380	1462464	LOS HEP D VIRUS ANTIGEN	91
86790	1462472	LOS HEP E VIRUS ANTIBODY IGG	71
86790	1462480	LOS HEP E VIRUS ANTIBODY IGM	71
86790	1462498	LOS HEP E VIRUS IGG & IGM	71
87798	1462514	LOS INFLUENZA A H1N1 REALTIME PTPCR	194
86336	1462522	LOS INHIBIN A	86
83520	1462530	LOS INHIBIN B	78
83540	1462548	LOS IRON BIND CAPACITY PLUS PCNT SA	36
83516	1462563	LOS OUTER MEMBRANE PROTEIN(OMP) IGA	65
83519	1462571	LOS PANCREATIC POLYPEPTIDE	82
84134	1462597	LOS PREALBUMIN	81
84140	1462605	LOS PREGNENOLONE	115
86301	1412113	LOS CA 19-9	115
86308	1470707	LOS - HETEROPHILE, MONO SCREEN	29
83519	1462639	LOS THYROID ABS EVAL	82
86335	1462647	LOS MONOCLONAL GAMMOPATHIES URINE	247
88291	1462654	LOS FISH,CML/ALL,BCR/ABL TRANS 9,22	152

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
86344	1412014	LOS NEUTROPHIL PHAGOCYTOSIS	47
86003	1462670	LOS EPICOCUM PURPURASCENS IGE	29
86003	1462688	LOS FUSARIUM MONILIFORME IGE	29
86003	1462696	LOS HELIMINTHOSOPRIUM HALODES IGE	29
86003	1462704	LOS PHOMA BETAEE IGE	29
82374	1462712	LOS BICARBONATE	27
86376	1462720	LOS LIVER CYTOSOL(LC-1) AUTOANTIBOD	81
86664	1462738	LOS EPSTEIN BARR VIRUS NUCL AG IGG	84
86359	1462746	LOS LYMPHOCYTE ENUMERATION, T CELL	209
82175	1462753	LOS HEAVY METALS URINE RANDOM	105
82175	1462761	LOS HEAVY METALS URINE 24 HOUR	105
86431	1461250	LOS RHEUMATOID FACTOR	31
83090	1462787	LOS HOMOCYSTEINE CARDIOVASCULAR	94
86774	1462795	LOS TETANUS TOXOID IGG ABS	82
84153	1462803	LOS PSA FREE	102
82671	1462811	LOS ESTROGENS, FRACTIONATED SERUM	179
82672	1462829	LOS ESTROGENS, SERUM	120
83021	1462837	LOS HEMOGLOBIN VARIANT SCREEN HPL	100
86665	1462845	LOS EPSTEIN BARR VIRUS EVALUATION	100
84166	1462852	LOS SERUM PROTEIN ELECTROPHOR CSF	183
86592	1461565	LOS VDRL-CSF	24
	1462878	LOS MISCELLANEOUS CHARGE	-
	1462886	LOS MISCELLANEOUS CHARGE	-
	1462894	LOS MISCELLANEOUS CHARGE	-
80322	1462902	LOS ALCOHOLS BIOMARKERS 3/MORE	53
83700	1462910	LOS LIOPRO BLD ELECTROPHORETIC	72
83701	1462928	LOS LIOPROTEIN BLD HR FRACTION	173
80327	1462936	LOS ANABOLIC STEROID 1 OR 2	123
80328	1462944	LOS ANABOLIC STEROID 3 OR MORE	76
87623	1462951	LOS HPV LOW-RISK TYPES	221
87624	1462969	LOS HPV HIGH-RISK TYPES	221
87625	1462977	LOS HPV TYPES 16 & 18 ONLY	221
88346	1462985	LOS IMMUNOFLUOR ANTB 1ST STAIN	490
88350	1462993	LOS IMMUNOFLUOR ANTB ADDL STAIN	378
n/a	1470012	LOS - HIV 1/2 AG, AB,4TH GEN SCREEN	104
86022	1470038	LOS - HEPARIN INDUCED PLATELET AB	102
86677	1415348	LOS HELICOBACTER PYLOR, IGG	81
81420	1470095	QNATAL PRENATAL SCREENING	3,408
81403	1470111	LOS - Y CHROMOSOME MICRODELETION,DNA	831
81257	1470129	LOS - ALPHA GLOBIN MUTATION ANALYSIS	459

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
83789	1470137	LOS - BILE ACIDS, FRACT & TOTAL	108
81213, 81211	1470145	LOS - BRCAVANTAGE(TM), COMPREHENSIVE	2,495
81220	1470152	LOS - CYSTIC FIBROSIS EXPANDED SCR	2,499
88230, 88262	1470160	LOS - CHROMOSOME ANALYSIS, BLD W/RFX	777
88275,88 271X2	1470178	LOS - FISH, CML/ALL, BCR/ABL TRANSLOCATION, 9,22	358
81401	1470186	LOS - HUNTINGTON DISEASE MU ANALYSIS	616
86361	1470194	LOS - LYMPHOCYTE SUBSET PANEL 5	149
84146X2	1470202	LOS - PROLACTIN, TOTAL AND MONOMERIC	250
86356	1470210	LOS - RITUXAN SENSITIVITY (CD20)	149
86357	1470228	LOS - NATURAL KILLER CELLS, FUNCT	209
82106	1470236	LOS - AFP, AMNIOTIC W RFX ACHE, F HGB	94
84143	1470244	LOS - 17HYDROXYPREGNENOLONE, LC/MS/MS	126
83498	1470251	LOS - 17 OH PROGESTERONE, LC/MS/MS	150
84305	1470269	LOS - IGF I, LC/MS	118
86255	1470285	LOS - MYELIN AB (IGG), IFA	150
83520	1470293	LOS - RNA POLYMERASE III AB	78
83519	1470301	LOS - TRYPSIN	82
82679	1470327	LOS - CTC ESTRONE, SERUM	139
85410	1470335	LOS - ALPHA 2 ANTIPLASMIN	42
87449	1470343	LOS - ASPERGILLUS AG, EIA, SER(40584)	66
83993	1470350	LOS - CALPROTECTIN, STOOL	108
85290	1470368	LOS - FACTOR XIII, FUNCTIONAL	91
87535	1470376	LOS - HIV 1 RNA, QUALITATIVE TMA	194
83520	1470384	LOS - HUMAN ANTI MOUSE AB (HAMA)	78
83630	1470392	LOS - LACTOFERRIN, STOOL	108
86703	1460237	LOS HIV-1/HIV-2 ANTIBODIES {EIA} W	76
86803	1460450	LOS HEP C VIRUS IGG ABS	79
86682	1470426	LOS - STRONGYLOIDES AB (IGG)	73
84482	1470434	LOS - T3, REVERSE, LCMSMS	87
83516	1470442	LOS - GAD65 AB	65
86902	1110956	LAB - ANTIGEN SBTP-AHG PER	21
85220	1470475	LOS - FACTOR V ACTIVITY, CLOTTING	99
85335, 85240	1470491	LOS - FACTOR VIII INHIBITOR PANEL	367
87901, 87900	1470509	LOS - HIV1 GENOTYPE	485

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
87906, 87901, 87900	1470517	LOS - HIV1 GENO RTI,PI,INTEGRASE INH	971
85245	1470525	LOS - RISTOCETIN COFACTOR	128
87070	1416148	LOS LEGIONELLA PNEUMOPHILA EVAL	48
85245	1470558	LOS - HEPATITIS C,RNA GENOTYPE,LIPA	128
81420	1470566	LOS - MATERNITY 21™ PLUS	3,408
81240	1470574	LOS - PROTHROMBIN FACTOR II	294
81400	1470608	LOS - ACCUTYPE(R) IL28B	288
86790x2	1470616	LOS - CHIKUNGUNYA ANTIBODIES WITH REFLEX	189
86710	1470624	LOS - INFLUENZA TYPE A/B AB SERUM	74
86336, 84163, 82677	1470632	LOS - INTEGRATED SCREEN PART 2	631
87081	1414226	LOS E.COLI ENTEROPATHOGENIC STOOL	37
87081	1414861	LOS BORDETELLA CULTURE	37
88264, 88237	1470673	LOS - CHROMOSOME ANALYSIS, HEM MALIG	299
87498	1470681	LOS - ENTEROVIRUS RNA, QL RTPCR	194
87798	1470699	LOS - HEPATITIS D VIRUS RNA,QL RTPCR	194
87116	1416650	LOS MYCOBACTERIUM BLOOD CULTURE	60
87502	1470715	LOS - INFLUENZA A,B RTPCR W RFX H1N1	472
81265	1470723	LOS - MATERNAL CELL STUDY,STR ANALYS	1,191
88262, 88233	1470731	LOS - CHROMOSOME ANALYSIS, TISSUE	383
88289, 88262, 88230	1470749	LOS - CHROMOSOME ANALY,TISSUE W RFX	781
81375	1470764	LOS - HLA-DR/DQ LOW RES TYPING	1,224
86698	1470772	LOS - HISTOPLASMA TOTAL ANTIBODY	70
86682	1470780	LOS - CYSTICERCUS AB [40350]	73
86658 X 14	1470798	LOS - ENTEROVIRUS PANEL I, CSF	304
80299	1470806	LOS - COUMADIN	84
86788, 86789	1470814	LOS - WEST NILE VIRUS IGG,IGM ABS	97
86255	1470822	LOS - PROLIFERATING CELL NUCLEAR AG	150
86790	1470830	LOS - ALT-CHIKUNGUNYA IGG TITRATION	71
83516	1470855	LOS - NEUROMYELITIS OPTICA (NMO)	65
86696	1470863	LOS - HSV TYPE 2 IGM ABS IFA	107
86696	1470871	LOS - HSV 2 (IGG), TYPE SPECIFIC AB	107
87535	1470889	LOS - HIV-1 DNA, QUALITATIVE PCR	194

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
86618	1470897	LOS - LYME DISEASE AB W RFX BLOT G,M	94
86612	1470905	LOS - BLASTOMYCES TOTAL ABS [CF]	71
84443, 83519	1470913	LOS - THYROTROPIN REC AUTO AB W/TSH	270
83695	1470921	LOS - LIPOPROTEIN A	71
81355, 81227	1470970	LOS - ACCUTYPE(R) WARFARIN	500
87177	1417419	LOS OVA & PARASITE EXAM	50
87207	1416437	LOS MICROSPORIDIA SPORE STAIN	118
82978	1471002	LOS - GLUTATHIONE	79
82523	1471010	LOS - N-TELOPEPTIDE	103
82465, 83718, 84478	1471028	LOS - CARDIO IQ® ADVANCED LIPID	201
82523, 82570	1471036	LOS - COLLAGEN CROSS-LINKED N-TELOPEPTIDE	124
87153	1471044	LOS - BACTERIAL 16S RDNA SEQUENCE	640
87798	1471051	LOS - PARVOVIRUS (B19)DNA	194
86255	1471069	LOS - RETICULIN TOTAL AUTOABS	150
86682	1471077	LOS - ECHINOCOCCUS ANTIBODY IGG, EIA	73
87906	1471085	LOS - HIV-1 INTEGRASE GENOTYPE	713
81206	1471093	LOS - BCR-ABL1 GENE REARRANGEMENT	909
87517	1471101	LOS - HEPATITIS B DNA, QUANTITATIVE	238
83021, 85014, 85018, 85041	1471119	LOS - HEMOGLOBINOPATHY EVALUATION	22
87798	1471127	LOS - CHIKUNGUNYA VIRUS RNA, QUAL RT-PCR	194
87278	1414655	LOS LEGIONELLA CULTURE	70
86336, 84702, 82677, 82397, 82105	1471143	LOS - PENTA PRENATAL SCREEN	507
81229	1471150	LOS - CHROMOSOMAL MICROARRAY, POC	5,209
82140	1471168	LOS - AMMONIA, PLASMA	81
84244	1471176	LOS - RENIN	121
81256	1471184	LOS - HEREDITARY HEMACHROMATOSIS DNA MUTATION	362
86146	1471192	LOS - BETA-2-GLYCOPROTEIN I AB	141
81290	1471200	LOS - MTHFR DNA MUTATION ANALYSIS	176
81401	1471218	LOS - SMA CARRIER SCREEN	616

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
88275X5, 88271	1471226	LOS - FISH,BCELL CHRONIC LYMPH LEUKEMIA PANEL	725
86635	1471234	LOS - COCCIDIOIDES AB, (TP AG)	63
82525	1471257	COPPER RBC	70
87556	1471259	MYCOB TB DIRECT TEST	221
84255	1471267	SELENIUM RBC	142
86706	1471325	HEPATITIS B DNA QUAL, PCR	60
86790	1471333	HEPATITIS E ANTIBODY, TOTAL	71
82656	1471341	PANCREATIC ELASTASE	74
87799	1471358	VARICELLA ZOSTER DNA, QUANT PCR	238
85244	1471366	FACTOR VIII ANTIGEN	129
80299x2	1471374	SINEMET SERUM / PLASMA	232
83018	1471382	COBALT, BLOOD	138
85613, 85730, 86147x3	1471473	LUPUS ANTICOAGULANT AND CARDIOLIPIN AB PANEL	580
80203	1471481	ZONISAMIDE	83
84132	1471507	POTASSIUM RBC	29
82570, 83885	1471523	NICKEL, RANDOM URINE	188
83018	1471531	TITANIUM SERUM/PLASMA	138
86021	1471549	PROTEINASE-3 ANTIBODY	84
86682	1471556	SCHISTOSOMA IGG SERUM	73
82542	1471564	EPINEPHRINE PLASMA	123
84206	1471572	PROINSULIN	136
87798	1471589	MUMPS VIRUS RNA QUAL R-T PCR	194
83880	1471598	B-TYPE NATRIURETIC PEPTIDE (BNP)	214
84305	1471614	IGF-2 LC/MS	118
86160	1471622	COMPLEMENT COMPONENT C1Q	76
85397	1471630	ADAMTS13 ACTIVITY WITH REFLEX TO INHIBITOR	158
88271 (x5), 88275 (x5)	1471648	FISH, B-CELL CHRONIC LYPHOCYTIC LEUKEMIA PANEL	1,985
86648, 86774	1471655	TETANUS & DIPHTHERIA TOXOID IGG ABS	190
86235	1471663	CHROMATIN (NEUCLIOSOMAL) ANTIBODY	100
82657	1471671	NEUTROPHIL FUNCTION, OXIDATIVE BURST	100
88184	1471689	CD57, CD3, CD8 FLOW CYTOMETRY	348
82542	1471697	COENZYME Q10	123
83520	1471705	VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF), ELISA	78

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
81381	1471713	HLA-B&5701 TYPING	870
86317, 86317x2 3	1471721	STREPTOCOCCUS PNEUMONIAE IGG AB (23 SEROTYPES)	2,256
85415	1471739	PLASMINOGEN ACTIVATOR INHIBITOR (PAI-1) ANTIGEN	109
86355, 86359	1471747	T AND B CELLS TOTAL	476
86790	1471754	CHIKUNGUNYA IGG TITRATION	71
86790	1471762	CHIKUNGUNYA IGM TITRATION	71
86701	1471770	HIV 1/2 AB DIFFERENTIATION	48
86753	1471788	TRYPANOSOMA CRUZI AB, TOTAL	68
87491, 87591	1471796	CHLAMYDIA TRACH/NEISS RRNA	442
87529, 87529x2	1471804	HSV 1&2 DNA RT-PCR	663
86147x3	1471812	CARDIOLIPIN ANTIBODIES IGG IGM IGA	480
86003x5	1471820	ALLERGY PANEL 11, MOLD GROUP	235
86611, 86611x2	1471838	BARTONELLA QUINTANA IGG & IGM	195
86001x6, 86606, 86609, 86609x5	1471846	HYPERSENSITIVITY PNEUMONITIS EVALUATION	828
82523	1471853	COLLAGEN TYPE I C-TELOPEPTIDE(CTX)	103
83520	1471861	MYELIN-ASSOCIATED GLYCOPROTEIN (MAG) ANTIBODY	78
86160	1471879	COMPLEMENT COMPONENT C2	76
86780	1471887	SYPHILIS ANTIBODY CASCADING REFLEX	83
86235	1471895	SM/RNP ANTIBODY	100
82785, 86003x5	1471903	ALLERGY -MOLD PROFILE PLUS IGE	268
	1471911	PLATELET ANTIBODY ID PANEL	217
84075	1471929	ALKALINE PHOS, BONE SPECIFIC	33
86003x1 5	1471937	FOOD ALLERGY PROFILE	495
80354, G0480	1471945	FENTANYL & NORFENTANYL URINE	709
87140x7, 87254	1471952	RAPID RESPIRATORY VIRUS CULTURE	444
86001x1 1	1471960	ALLERGY PANEL - ADULT FOOD IGG	539
86615x2	1471978	BORDETELLA PERTUSS IGG AND IGA AB MAID	166
81206	1471986	BCR-ABL1 GENE REARRANGEMENT QUANT PCR	909



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
87798	1472000	SURESWAB® MYCOPLASMA GENITALIUM PCR	194
80346, G0480	1472026	DIAZEPAM AND METABOLITE	709
86663	1472034	EPSTEIN-BARR VIRUS EARLY AG D ANTIBODY	83
82397	1472042	ALPHA SUBUNIT	88
86708	1472059	HEPATITIS A ANTIBODY TOTAL	68
87389	1472067	HIV AG AND AB 4TH GENERATION W/RFL	153
86648, 86774	1472075	TETANUS TOXOID IGG ABS	190
84446	1472083	VITAMIN E (TOCOPHEROL)	79
82374	1472091	BICARBONATE, URINE	27
86021, 86021x3	1472109	ANCA SCREEN W MPO AND PR3 W RFLX	384
NONE	1472117	FISH, MYELOPROLIFERATIVE NEOPLASMS	1,491
80061, 82172, 83695, 83698, 83704, 86141	1472125	CARDIO IQ ® ADVANCED LIPID PANEL WITH INFLAMMNTN	
86790	1472133	DENGUE FEVER ANTIBODY	71
83520, 84443, 86343, 86376, 86800	1472141	CHRONIC URTICARIA PANEL 2 COMPREHENSIVE	
NONE	1472158	ORGANIC ACIDS FULL PANEL QUANT URINE	467
82480	1472166	CHOLINESTERASE PLASMA	234
83519	1472174	PROCOLLAGEN TYPE I INTACT N TERMINAL PROPEPTIDE	44
82530x2	1472182	CORTISOL, LC/MS/MS, SALIVA 2 SAMPLES	82
86638x6	1472190	COXIELLA BURNETII IGG IGM IGA ABS PHASE !&2	210
81315	1472208	PML-RARA T (15;17) QUAT RT PCR	462
84630	1472216	ZINC, RBC	1,310
87625	1472224	HPV GENOTYPE	63
87015	1472232	PET FLUID 0 HOUR	221
87015	1472240	PET FLUID 2 HOUR	42
87015	1472257	PET FLUID 4 HOUR	42
87015	1472265	PET FLUID 24 HOUR	42
82374	1472273	ENZYMATIC CO2	42
84155	1472281	SERUM PROTEIN ELECTROPHORESIS	27
84155	1472299	IMMUNOTYPING ELECTROPHORESIS INTERP	24
82306	1472307	VITAMIN D	24
			165

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
88364	1472315	HPV	691
82374	1472331	BICARBONATE, URINE	27
82570	1472349	TOTAL PROTEIN/CREAT RATIO	
84156			57
82043	1472356	MICROALBUMIN/CREAT RATIO	
82570			70
84163	1491737	FIRST SCREEN	
84702			82
	1492636	LOS JAK2 V617F MUT QL PCR RFX 12 13	433
86235	1493006	RNP ANTIBODY(Order Des. Endomysial AB Titer)	100
83520	1493014	ANTI-MULLERIAN HORMONE ASSESSR	78
87798	1493200	ZIKA VIRUS RNA,QL RT-PCR SERUM/URINE	194
83520	1493543	INTERLUKIN-6 HIGHLY SENSITIVE ELISA	78
<p><b>Note: Any test sent to a commercial or reference laboratory will be charged according to current charges of that commercial or reference laboratory plus a handling charge of \$60 for express postal specimens and \$198 for specimens requiring air freight and / or dry ice.</b></p>			
90937a	1515014	DIALYSIS 20% NO INSURANCE	257
90937	1515022	ESRD -HEMODIALYSIS SESSN	964
90945	1515030	DIALYSIS CAPD PER MONTH	10,409
97802	1534015	DL MNT INTL AX&INTRV FTOF	158
97803	1534031	DL MNT REAX&INTRV F TO F	137
97804	1534056	DL MNT GRP THERAPY 30 MIN	73
76125	1818012	MR -REPRODUCTION OF SCAN	209
70336	1818061	MR -TM JOINT(S)	1,474
70540	1818079	MR -ORBIT FACE NECK W/O C	1,242
70542	1818087	MR -ORBIT FACE NCK W/CONT	1,473
70543	1818095	MR -ORBIT FACE NCK W&W/O	1,849
70551	1818103	MR -BRAIN W/O CONTRAST	1,059
70552	1818111	MR -BRAIN W/CONTRAST	1,468
70553	1818129	MR -BRAIN W&W/O CONTRAST	1,731
71550	1818137	MR -CHEST W/O CONTRAST	1,901
71551	1818145	MR -CHEST W/CONTRAST	2,094
71552	1818152	MR -CHEST W&W/O CONTRAST	2,653
72141	1818160	MR -SPINE CERV W/O CONTRA	1,030
72142	1818178	MR -SPINE CERV W/CONTRAST	1,495
72156	1818186	MR -SPINE CERV W&W/O CONT	1,741
72146	1818194	MR -SPINE THOR W/O CONTRA	1,031
72147	1818202	MR -SPINE THOR W/CONTRAST	1,484
72157	1818210	MR -SPINE THOR W&W/O CONT	1,744

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
72148	1818228	MR -SPINE LUMB W/O CONTRA	1,030
72149	1818236	MR -SPINE LUMB W/CONTRAST	1,476
72158	1818244	MR -SPINE LUMB W&W/O CONT	1,738
72195	1818251	MR -PELVIS W/O CONTRAST	1,450
72196	1818269	MR -PELVIS W/CONTRAST	1,592
72197	1818277	MR -PELVIS W&W/O CONTRAST	1,951
73218	1818285	MR -UP EXT NONJT W/O CONT	1,680
73219	1818293	MR -UP EXT NONJT W/CONTRA	1,846
73220	1818301	MR -UP EXT NONJT W&W/O CO	2,289
73221	1818319	MR -UP EXT JT W/O CONTRAS	1,088
73222	1818327	MR -UP EXT JT W/CONTRAST	1,738
73223	1818335	MR -UP EXT JT W&W/O CONTR	2,155
73718	1818343	MR -LOW EXT NONJT W/O CON	1,406
73719	1818350	MR -LOW EXT NONJT W/CONTR	1,567
73720	1818368	MR -LOW EXT NONJT W&W/O C	1,948
73721	1818376	MR -LOW EXT JNT W/O CONTR	1,088
73722	1818384	MR -LOW EXT JNT W/CONTRAS	1,749
73723	1818392	MR -LOW EXT JNT W&W/O CON	2,152
74181	1818400	MR -ABDOMEN W/O CONTRAST	1,293
74182	1818418	MR -ABDOMEN W/CONTRAST	1,754
74183	1818426	MR -ABDOMEN W&W/O CONTRAS	1,956
77058	1818491	MRI BREAST W/WO CONTRAST UNILATERAL	2,480
77059	1818525	MRI BREAST W/WO CONTRAST BILATERAL	2,469
70544	1818558	MR -MRA HEAD W/O CONTRAST	1,500
70545	1818566	MR -MRA HEAD W/CONTRAST	1,487
70546	1818574	MR -MRA HEAD W&W/O CONTRA	2,215
70547	1818582	MR -MRA NECK W/O CONTRAST	1,508
70548	1818590	MR -MRA NECK W/CONTRAST	1,647
70549	1818608	MR -MRA NECK W&W/O CONTRA	2,302
71555	1818632	MR-MRA CHEST W OR W/O CON	1,830
72159	1818665	MR-MRA SPINAL W OR W/O CN	1,870
72198	1818699	MR-MRA PELVIS W OR W/O CO	1,835
73225	1818723	MR-MRA UP EXTR W OR W/O C	1,869
73725	1818756	MR-MRA LOW EXTR W OR WO C	1,837
74185	1818780	MR-MRA ABDOMEN W OR W/O C	1,846
77021	1818814	MR GUIDANCE FOR NEEDLE PLACE	1,788
10160	1818822	MR ABSCESS DRAINAGE UNDER SKIN	600
20220	1818830	MR GUIDED BODY NEEDLE BIOPSY, BONE	771
47000	1818848	MR GUIDED BODY NEEDLE BIOPSY, LIVER	1,408
32405	1818855	MR GUIDED BODY NEEDLE BIOPSY, LUNG	1,799

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
38505	1818863	MR GUIDED BODY NEEDLE BX LYMPH NODE	579
20206	1818871	MR GUIDED BODY NEEDLE BIOPSY,MUSCLE	1,083
23350	1818905	MR ARTHO SHOULDER INJECTION FOR MR	598
	1818913	MR -GUIDE W/CONTRAST UP EXTM W/DYE	543
	1818921	MR -GUIDE W/WO CONTRAST JOINT	543
75557	1819028	MRI CARDIAC MORPH WO CONTRAST	1,508
75559	1819036	MRI CARDIAC W STRESS IMG	2,035
75561	1819044	MRI CARDIAC MORPH W CONTRAST	1,987
75563	1819069	MRI CARD W STRESS IMG & CONTRAST	2,364
59412	2020006	OB -EXT'L CEPHLIC VERSION	482
59025	2020014	OB -FETAL NON-STRESS TEST	223
59050	2020022	OB -FETAL MONITORING W/RE	238
59871	2020030	OB -RMV CERCLG SUTURE	622
	2121010	ONC CHEMO TREAT 1/2 HR	95
96154	2121028	ONC PT ED/COUNSEL & FAMILY 15 MIN	91
96152	2121036	ONC PT ED/COUNSEL 15 MIN	94
	2121044	ONC GROUP THERAPY 30 MIN	18
	2121051	ONC CHEMO DAY LONG	819
	2121069	ONC CHEMO TREAT 3-4 HRS	361
36430	2121077	ONC TRANSFUSION	162
99211	2121085	ONC IV FLUSHING ONLY	99
	2121200	ONC CHEMO CHEMICAL MEDICATION	-
96409	2121531	ONC CHEMO IV PUSH	501
96413	2121549	ONC CHEMO INFUSION < 1 HR	650
96415	2121556	ONC CHEMO INFUSION 1-8 HRS	142
96416	2121564	ONC CHEMO INFUSION > 8 HRS	661
	2121572	ONC CHEMO MEDICATION	-
87280	1414846	LOS RSV DFA	66
		<b>Note: Required drugs will be charged at the current cost</b>	
93000	2222016	CR -ELECTROCARDIOGRAM	78
95819	2222024	CR -EEG ORDINARY	1,942
93224	2222032	CR -ECG MONIT/REPR UP TO 48 HRS	417
93015	2222040	CR -STRESS TEST ONLY	327
93307	2222073	CR -ECHO COMP 2D ADULT	653
	2222081	FOETAL MONITORING	95
	2222099	PACEMAKER CLINIC	177
93307	2222107	CR -ECHO COMP 2D PAED	653
93307	2222115	CR -ECHO CMP 2D ADULT &MD	653
93278	2222123	CR -SIGNAL AVERAGES ECG	142
95807	2222149	CR -SLEEP APNEA STUDY	2,110

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
99354	2222156	CR -ATT PHY FEE - PEDS	597
	2222164	SEDATION/CHILDREN - ECHO	87
93350	2222172	CR - STRESS ECHO	952
93784	2222222	CR -AMB BP MONITOR F/24HR	246
95806	2222230	CR NEURO SLEEP STUDY UNATTENDED	779
95807	2222248	CR NEURO SLEEP STUDY ATTENDED	2,110
95808	2222255	CR NEURO POLYSOMNOGRAPHY 1-3	3,211
95810	2222263	CR NEURO POLYSOMNOGRAPHY 4 OR MORE	2,870
95811	2222271	CR NEURO POLYSOMNOGRAPHY W/CPAP	3,013
93016	2222289	CR CARDIOVASCULAR STRESS TEST	102
93017	2222297	CR CARDIOVASCULAR STRESS TEST	157
93018	2222305	CR CARDIOVASCULAR STRESS TEST	68
93024	2222313	CR CARDIAC DRUG STRESS TEST	511
93040	2222321	CR RHYTHM STRIP	58
93225	2222339	CR ECG MONITOR/RECORD 24 HRS	121
93226	2222347	CR ECG MONITOR/RECORD 24 HRS	173
93227	2222354	CR ECG MONITOR/REVIEW 24 HRS	123
93228	2222362	CR ECG MONITOR/REVIEW >24 HRS	120
93270	2222370	CR ECG RECORDING	42
93271	2222388	CR ECG/MONITORING AND ANALYSIS	784
93279	2222396	CR PM DEVICE PROGR EVAL SINGLE	226
93280	2222404	CR PM DEVICE PROGR EVAL DUAL	267
93281	2222412	CR PM DEVICE PROGR EVAL MULTIPLE	289
93282	2222420	CR ICD DEVICE PROG EVAL 1 SINGLE	280
93283	2222438	CR ICD DEVICE PROGR EVAL DUAL	357
93284	2222446	CR ICD DEVICE PROG EVAL MULTI	390
93285	2222453	CR ILR DEVICE EVAL PROGR	196
93286	2222461	CR PRE OP PM DEVICE EVAL	137
93287	2222479	CR PRE OP ICD DEVICE EVAL	175
93288	2222487	CR PM DEVICE EVAL IN PERSON	176
93289	2222495	CR ICD DEVICE INTERROGATE	249
93290	2222503	CR ICM DEVICE EVAL	168
93291	2222511	CR ILR DEVICE INTERROGATE	150
93292	2222529	CR WCD DEVICE INTERROGATE	168
93293	2222537	CR PM PHONE R-STRIP DEVICE EVAL	244
93294	2222545	CR PM DEVICE INTERROGATE REMOTE	141
93295	2222552	CR ICD DEVICE INTERROGATE REMOTE	252
93296	2222560	CR PM/ICD REMOTE TECH SERV	121
93297	2222578	CR ICM DEVICE INTERROGATE REMOTE	121
93298	2222586	CR ILR DEVICE INTERROGATE REMOTE	123

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
93299	2222594	CR ICM/ILR REMOTE TECH SERV	78
93306	2222602	CR TTE W/DOPPLER/COMPLETE	960
93308	2222610	CR ECHO EXAM OF HEART	485
93312	2222628	CR TRANSESOPHAGEAL ECHOCARDIOGRM	1,137
93351	2222636	CR STRESS TTE COMPLETE	1,073
93352	2222644	CR ADMIN ECG CONTRAST AGENT	155
93786	2222651	CR AMBULATORY BP RECORDING	136
93788	2222669	CR AMBULATORY BP ANALYSIS	24
93790	2222677	CR REVIEW/REPORT BP RECORDING	86
96372	2222685	CR THER/PROPH/DIAG INJ, SC/IM	94
	2222701	CR-STRESS ECHO	1,805
93268	2222743	CR -ZIO Patch	943
93925	2222750	CR -Vascular bypass graft lower extremities ultrasound	1,204
93926	2222768	CR -Vascular bypass graft right/left lower extremities	705
92924	2222792	CR -ABI with exercise	2,981
	2323012	LAB -ACID PHOSPATAS (PAP)	87
87340	2323020	LAB -HEP B SURF AG	57
80162	2323038	LAB -DIGOXIN	74
82728	2323046	LAB -FERRITEN	76
84443	2323095	LAB -TSH	94
82746	2323103	LAB -FOLATE	81
84439	2323111	LAB -T4 FREE	50
82378	2323137	LAB -CEA	105
84481	2323145	LAB -T3 FREE	94
84436	2323152	LAB -T4 TOTAL	39
86706	2323160	LAB -HEPATITIS B ANTIBODY	60
84481	2323178	LAB -THYROID PR(FREE T3)	94
84153	2323186	LAB -PROST SPEC AG (PSA)	102
82553	2323194	LAB -CK MB	65
86704	2323202	LAB -HEPATITIS B CORE AB	66
86304	2323210	LAB -CA 125	115
80158	2323228	LAB -CYCLOSPORINE	100
82670	2323236	LAB -ESTRADIOL	155
83001	2323244	LAB -FSH	103
83002	2323251	LAB -LH	103
84146	2323269	LAB -PROLACTIN	107
84144	2323277	LAB -PROGESTERONE	116
84403	2323285	LAB -TESTOSTERONE	144
82607	2323293	LAB -B 12	84
84154	2323301	LAB -FREE PSA	102

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
84484	2323319	LAB -TROPONIN	57
83090	2323327	LAB -HOMOCYSTINE	94
87280	1417427	LOS VIRAL RESPIRATORY PANEL	66
87324	1460047	LOS CLOSTRIDIUM DIFFICILE TOXIN EVA	66
86704	2323368	LAB -HEPATI B VIRUS CORE ANTIBOD	66
86705	2323376	LAB -HEPAT B VIR CORE IGM ANTIBODIE	65
80299	2323418	LAB -THIOPURINE METABOLITES S50395	84
87798	2323426	LAB -TOXOPLASMA DNA DETECTR (7521)	194
83516	2323434	LAB -ANTI-PHOSPOLIPID EVALUATION	65
85810	2323442	LAB -LUPUS ACTIVITY REPORTER (1094)	65
84482	2323459	LAB -REVERSE T3 (3236)	87
87169	2323467	LAB -OVA & PARASITE:WORM IDENTIFICA	24
84586	2323475	LAB -VASOACTIVE INTESTINAL PEPTIDE	196
83525	2323483	LAB -INSULIN (3192)	63
86316	2323491	LAB -CA 72-4(S51358)	115
83519	2323509	LAB -TSH ANTIBODIES (S47995)	82
82088	2323525	LAB -ALDOSTERONE/RENIN RATIO	226
84439	2323533	LAB -THYROX FREE DIR ANAL	50
87522	2323541	LAB -HEPATITIS C VIRUS RNA QUANTITA	238
85557	2323558	LAB -HEREDITARY SPHEROCYTOOSIS PANE	74
82784	2323566	LAB -CELIAC DISEASE EVALUATOR W/IGA	52
83519	2323574	LAB -21-HRDOXYLASE AB	82
84479	2323582	LAB -RESIN T3 UPTAKE RATIO	36
82139	2323590	LAB -AMINO ACID ANALYS LC/MS PLASMA	94
83883	2323608	LAB -CUSTOM ENCH B/JONES PRO 24HR U	76
83789	2323616	LAB -IODINE, PLASMA OR SERUM	108
82542	2323624	LAB -COL CHROMOTOGRAPHY QUAL/QUAN	123
86741	2323632	LAB -NIESERRIA MENINGITIDIS IBG VAC	73
80299	2323657	LAB -MERCAPTOPURINE	84
80323	2323665	LAB -ALKALOIDS NOS	123
87324	1461524	LOS CLOSTRIDIUM DIFFICILE TOXIN A	66
84166	2323681	LAB PROTEIN ELECTR,OTH FL	183
	2424018	ARTHROGRAM-DOUBLE CONTRAS	537
	2424034	FISTULAGRAM OR VENOGRAM	484
	2424042	MYELOGRAM-CERV AND/OR DOR	552
	2424059	MYELOGRAM - LUMBAR	521
	2424067	SALPINGOGRAM	451
	2424075	SCANOGRAM	243
	2424083	SIALOGRAM	484
	2424117	URETEROGRAM	475

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
70150	2424125	XR -FACIAL BONES	189
70110	2424141	XR -MANDIBLE	173
70120	2424158	XR -MASTOIDS	152
70160	2424166	XR -NASAL BONES	150
	2424174	H&N OPTIC FORAMEN	244
70220	2424182	XR -SINUSES MIN 3 V	171
70250	2424190	XR -SKULL <4V W/WO STEREO	167
70330	2424224	XR -TMJ'S	215
74400	2424232	XR -IVP	501
	2424240	GUT -PYELOGRAM RETROGRADE	496
74019	2424307	XR -EXAM ABDOMEN 2 VIEWS	152
74018	2424315	XR -EXAM ABDOMEN 1 VIEW	124
74270	2424323	XR -SNGL CON BARIUM ENEMA	685
74280	2424331	XR -DBLE CON BARIUM ENEMA	973
74246	2424349	XR -BARIUM MEAL	577
74249	2424356	XR -BARIUM MEAL FOL THRU	837
74246	2424364	XR -BARIUM SWALLOW	577
	2424372	GIT CHOLANGIOGRAM	309
	2424380	GIT CHOLECYSTOGRAM	332
74250	2424398	XR -SMALL BOWEL FOL THRU	472
73610	2424406	XR -ANKLE UNILAT 3 V	144
73070	2424414	XR -ELBOW UNILAT 2 V	124
73140	2424430	XR -FINGER(S) 2+ VS	147
73630	2424448	XR -FOOT UNILAT 3 VEL	134
73090	2424455	XR -FOREARM UNILAT 2 V	118
73130	2424463	XR -HAND UNILAT 3 V	145
73060	2424489	XR -HUMERUS UNILAT 2V	133
73560	2424497	XR -KNEE UNLAT 2 V	142
73030	2424505	XR -SHOULDER UNILAT 2 V	134
73590	2424513	XR -TIBIA &FIB UNILAT 2 V	131
73660	2424521	XR -TOES 2 VXRES	129
77072	2424539	XR BONE AGE STUDIES	105
72050	2424547	XR -SPINE CERV 4 V	207
72100	2424554	XR -SPINE LUMB 2 - 3 V	160
72170	2424562	XR -PELVIS ONLY 1 - 2 V	145
71100	2424588	XR -RIBS UNILAT 2 V	152
72200	2424596	XR -SACRO ILIAC JNTS <3 V	129
72220	2424604	XR -SACRUM&COCCYX MIN 2	129
76000	2424612	XR -II SCREEN IN OR <=1HR	218
71120	2424646	XR -STERNUM 2 V	136



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
72070	2424653	XR -SPINE THOR 2 V/DORSAL	155
99080	2424661	XR -REPRODUCTION ORIGI	74
	2424679	SPEC-SINOGRAM	571
	2424703	G U T CYSTOGRO VOID/STRES	415
70360	2424737	XR -POST NASAL SPACEPACE	129
70360	2424745	XR -ST TISSUE NECKCK	129
	2424760	SPEC NEEDLE BIOPSY LUNG	553
	2424778	S&P ADDIT.VIEWS WITHIN 24	34
76001	2424786	XR -II SCREEN IN OR >1HR	679
71130	2424794	XR -STERNOCLAV JNTS 3 VR	165
70380	2424802	XR -SALIVAR GLND CALCULUS	147
76499	2424810	XR -SUBTALAR JOINTSR	270
72190	2424828	XR -PELVIS ACETABUL 3+ V	173
73560	2424836	XR -KNEE AMK 2 V	142
99053	2424844	XR -ADL CHRGR AFTER HRSSRS	145
73502	2424851	XR HIP/PELVIS 2-3 VW UNILATERAL	189
	2424877	SPEC-PORTABLE CHARGE	156
77079	2424885	XR BONE DENSITY 1 OR MORE SITES	258
	2424893	ANGIOGRAPHY	643
	2424927	PTC-PERCU T/HEPATIC CHOLANGIOGRAM	415
	2424935	BILIARY STENT	3,744
	2424943	BILIARY DRAIN	1,428
	2424950	IVC FILTER-INFERIOR VENACAVA	2,133
	2424968	RENAL ANGIOPLASTY	1,739
	2424976	RENAL STENT	3,381
	2424984	NEPHROSTOMY	895
	2424992	ANTEGRADE STENT	1,150
	2425007	VARICOCELE EMBOLISATION	1,984
70030	2425023	XR -ORBITS	128
71045	2425031	XR -EXAM CHEST 1 VIEW	91
71046	2425049	XR -EXAM CHEST 2 VIEWS	139
71048	2425056	XR -EXAM CHEST 4+ VIEWS	191
71110	2425072	XR -RIBS BILAT 3 VIEW	183
72040	2425080	XR -SPINE CERV TRAUMA	152
72052	2425098	XR -SPINE CERV FLX/EX OBL	255
72080	2425106	XR -SPINE THOR'LUMB 2 VIE	154
72110	2425114	XR -SPINE LUMB W OBLQ	223
72114	2425122	XR -SPINE LUMB W BNDG	281
73000	2425130	XR -CLAVICLE	128
73010	2425148	XR -SCAPULA	139

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
73030	2425155	XR -SHOULDER BILAT 2 V	134
73050	2425163	XR -AC JOINTS BILAT	163
73060	2425171	XR -HUMERUS BILAT 2 V	133
73070	2425189	XR -ELBOW BILAT 2 V	124
73090	2425197	XR -FOREARM BILAT 2 V	118
73100	2425205	XR -WRIST FX CLINIC 2 V	144
73110	2425213	XR -SCAPHOID 3 V	160
73110	2425221	XR -WRIST UNILAT 3 V	160
73110	2425239	XR -WRIST & SCAPHOID 3 V	160
73110	2425247	XR -WRIST BILAT 3 V	160
73130	2425262	XR -HAND BILAT 3 V	145
73521	2425270	XR HIPS BILATERAL W PELVIS 2 VW	171
73562	2425296	XR -KNEE UNILAT W PAT 3 V	163
73560	2425304	XR -KNEES BILAT 2 V	142
73565	2425312	XR -KNEES STANDING	163
73590	2425320	XR -TIBIA &FIB BILAT 2 V	131
73600	2425338	XR -ANKLE FX CLINIC 2 V	136
73610	2425346	XR -ANKLE BILAT 3 V	144
73630	2425361	XR -FOOT BILAT 3 V	134
73650	2425379	XR -HEEL UNILAT 2 V	124
73650	2425387	XR -HEEL BILAT 2 V	124
74022	2425395	XR -ABDOMEN E/S W CHEST	204
88342	1414960	LOS ESTROGEN & PROGEST RECEPT PROT	501
77080	2425429	XR -BD AXIAL SKELETON 1 OR MORE SITES	192
74246	2425437	XR -MODIFIED BARIUM SWALL	577
	2425601	XR-CHEST PA&LAT 2 VIEWS	278
	2425619	XR-CHEST INSP&EXP 4 VIEWS	346
	2425627	XR-ABDOMEN E/S W/CHEST 2	323
74021	2425676	XR -EXAM ABDOMEN 3+ VIEWS	178
72081	2425684	XR SPINE SCOLIOSIS 1 VW	176
72082	2425692	XR SPINE SCOLIOSIS 2-3 VW	285
72083	2425700	XR SPINE SCOLIOSIS 4-5 VW	343
72084	2425718	XR SPINE SCOLIOSIS MIN 6 VW	399
73503	2425726	XR HIP/PELVIS MIN 4 VW UNILATERAL	236
73252	2425734	XR HIPS BILATERAL W PELVIS 3-4 VW	266
73253	2425742	XR HIPS BILATERAL W PELVIS MIN 5 VW	266
73551	2425759	X-RAY EXAM OF FEMUR 1	128
73552	2425767	X-RAY EXAM OF FEMUR 2/>	150

**(extra views done within 24 hours \$29 per view)  
(after 24 hours will be charged as per part being x- rayed)**

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
97110	2525020	PT THERAPEUT EXER 15 MINUTES	141
97116	2525038	PT GAIT TRAINING 15 MINUTES	139
95831	2525046	PT MUSCLE GRADING 1 LIMB 15 MIN	150
97024	2525053	PT DIATHERMYWAVE DIATHERMY 15 MIN	32
97035	2525061	PT ULTRASOUND 15 MINUTES	61
97028	2525079	PT ELECTRO ULTRA VIOLET LIGHT 15 M	37
97032	2525087	PT ELECTR STIM 15 MINUTES	71
97010	2525095	PT HOT PACKS 15 MINUTES	29
97010	2525103	PT ICE PACKS 15 MINUTES	29
95831	2525111	PT MUSCLE GRADING 2-4 LIMBS 15 MIN	150
97022	2525129	PT WHIRLPOOL BATH 15 MINUTES	87
97018	2525137	PT WAX BATH 15 MINUTES	40
97763	2525152	PT PROSTHETIC REVIEW 15 MINUTES	221
97012	2525160	PT CERVICAL TRACTION 15 MINUTES	68
94010	2525178	PT LUNG FUNCTION TEST 15 MINUTES	165
94667	2525186	PT CHEST PHYSIO INITIAL 15 MINUTES	123
97140	2525194	PT MOBILIZATION 15 MINUTES	128
90901	2525202	PT ELECTRO BIOFEEDBACK 15 MINUTES	181
64550	2525210	PT ELEC RESPOND (TENS)15 MINUTES	82
97161	2525228	PT EVALUATION 15 MINUTES	385
97016	2525236	PT JOBST COMPRESSION 15 MINUTES	73
97140	2525244	PT FRIC/MASSAGE/MYOFASCI REL 15 MIN	128
97012	2525251	PT LUMBAR TRACTION 15 MINUTES	68
29799	2525269	PT TAPING 15 MINUTES	96
97039	2525277	PT ELECTRO FARADISM 15 MINUTES	84
97036	2525285	PT HUBBARD TNK 15 MINUTES	163
88342	1417500	LOS BRST CANCER PRIL ER/PR & HER-2	501
E0112	2525335	PT SUPPL CRUTCHES	36
E0100	2525343	PT SUPPL CANES	13
E0111	2525350	PT SUPPL ELBOW CRUTCHES	283
	2525368	PT CERVICAL TRACTION KIT	71
88342	1461995	LOS IHC IMMUNOHISTOCHEMISTRY	501
88342	1470988	LOS - IMMUNOHISTOCHEMISTRY WITH INTERPRETATION	501
	2525418	PT ULCERS CARE 15 MINUTES	96
96154	2525426	PT PATIENT INSTRUCTION 15 MINUTES	91
88342	1470996	LOS - IMMUNOHISTOCHEMISTRY WITHOUT INTERPRETATION	501
97161	2525459	PT ASSESSMENT FEE	385
97161	2525509	PT INITL EVAL SIMPLE 15 MINUTES	385
97161	2525517	PT INITL EVAL MODERATE 15 MINUTES	385
97161	2525525	PT INITL EVAL COMPLEX 15 MINUTES	385

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
97162	2525533	PT RE EVAL SIMPLE 15 MINUTES	385
97162	2525541	PT RE EVAL MODERATE 15 MINUTES	385
97162	2525558	PT RE EVAL COMPLEX 15 MINUTES	385
97763	2525566	PT REV ORTH/PROS 15 MINUTES	221
95831	2525574	PT MUSCLE TESTNG MANUAL 15 MINUTES	150
95851	2525582	PT ROM EA EXTREM 15 MINUTES	92
97012	2525590	PT TRACTION MECH 15 MINUTES	68
97034	2525608	PT CONTRAST BATHS 15 MINUTES	70
97112	2525616	PT NEUROMUSC RE ED 15 MINUTES	160
97124	2525624	PT MASSAGE 15 MINUTES	141
97140	2525632	PT MANUAL THERAPY 15 MINUTES	128
97760	2525657	PT ORTH FIT/TRAIN 15 MINUTES	215
97761	2525665	PT PROSTH FIT/TRAIN 15 MINUTES	186
94060	2525723	PT PRE/POST LUNG FUNCT TEST 15 MIN	278
94150	2525731	PT PEAK FLOW 15 MINUTES	118
94668	2525749	PT CHEST PHYSIO SUBSEQUENT 15 MIN	147
29799	2525756	PT STRAPPING LOWER BACK 15 MINUTES	96
29240	2525764	PT STRAPPING SHOULDER 15 MINUTES	139
29260	2525772	PT STRAPPING ELBOW/WRIST 15 MINUTES	137
29280	2525780	PT STRAPPING HAND/FINGR 15 MINUTES	139
29520	2525798	PT STRAPPING HIP 15 MINUTES	152
29530	2525806	PT STRAPPING KNEE 15 MINUTES	137
29540	2525814	PT STRAPPING ANKLE 15 MINUTES	121
29550	2525822	PT STRAPPING TOES 15 MINUTES	87
12001	2525830	PT SMPL RPR WOUND <2.5 CM 15 MIN	419
12002	2525848	PT SMPL RPR WOUND 2.6-7.5 15 MIN	509
12004	2525855	PT SMPL RPR WOUND 7.6-12.5CM 15 MIN	595
12005	2525863	PT SMPL RPR WOUND 12.6-20.0 15 MIN	749
12006	2525871	PT SMPL RPR WOUND 20.1-30.0 15 MIN	889
12007	2525889	PT SMPL RPR WOUND > 30.0 15 MIN	1,027
12011	2525897	PT SMPL RPR SUPFC F/E/E/N/L/M 2.5CM	511
12013	2525905	PT SMPL RPR SUPFC F/E/E/N/L/M 2.6C	535
12014	2525913	PT SMPL RPR SUPFC F/E/E/N/L 5.1CM	624
12015	2525921	PT SMPL SUPFC RPR SUPFC F/E/E/N/L/	752
12016	2525939	PT -SMPL RPR SUPFC F/E/E/N/L/M 12.6CM	947
12017	2525947	PT SMPL SUPFC F/E/E/N/L/M 20.1CM-3	710
12018	2525954	PT SMPL SUPFC F/E/E/N/L/M >30.0CM	803
12020	2525962	PT TX SUPFC DEHSN SMPL CLSR 15 MIN	1,293
12021	2525970	PT TX SUPFC DEHSN W/PACKING 15 MIN	755
12031	2525988	PT LYR CLSR S/A/T/E 2.5 CM/< 15 MIN	1,096

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
12032	2525996	PT LYR CLSR S/A/T/E 2.6 CM-7.5 CM	1,392
12034	2526002	PT LYR CLSR S/A/T/E 7.6 CM-12.5 CM	1,442
12035	2526010	PT LYR CLSR S/A/T/E 12.6 CM-20.0 CM	1,754
12036	2526028	PT LYR CLSR S/A/T/E 20.1 CM-30.0 CM	1,950
12037	2526036	PT LYC CLSR S/A/T/E >30.0 CM 15 MIN	2,218
12041	2526044	PT LYR CLSR N/H/F/XTR GENT 2.5 CM/<	1,094
12042	2526051	PT CLSR N/H/F/XTRNL GENT 2.6 CM-7.	1,332
12044	2526069	PT LYR CLSR N/H F/ XTR G 7.6 CM	1,659
12045	2526077	PT CLSR N/H/F/XTR G 12.6 CM-20.0 C	1,843
12046	2526085	PT CLSR N/H/F/XTR G 20.1-30.0CM 15M	2,215
12047	2526093	PT CLSR N/H/F/XTR G >30.0 CM 15 MIN	2,440
12051	2526101	PT LYR CLSR F/E/E/N/L/M&/M 2.5 CM/<	1,190
12052	2526119	PT CLSR F/E/E/N/L/M&/M 2.6-5.0CM 15	1,356
12053	2526127	PT CLSR F/E/E/N/L/M&/M 5.1 CM-7.5	1,592
12054	2526135	PT CLSR F/E/E/N/L/M&/M 7.6 CM-12.5	1,660
12055	2526143	PT CLSR F/E/E/N/L/M&/M 12.6 CM-20.	2,145
12056	2526150	PT CLSR F/E/E/N/L/M&/M 20.1-30.0CM	2,564
12057	2526168	PT CLSR F/E/E/N/L/M&/M >30.0 CM	2,721
13100	2526176	PT CPLX TRNK 1.1 CM-2.5	1,542
13101	2526184	PT CPLX TRNK 2.6 CM-7.5	1,822
13102	2526192	PT PR CPLX TRNK EA 5 CM/<	561
13120	2526200	PT RPR CPLX S/A/L 1.1 CM	1,613
13121	2526218	PT CPLX S/A/L 2.6 CM-7.5	1,966
13122	2526226	PT RPR CPLX S/A/L EA 5CM<	613
13131	2526234	PT CPLX F/C/C 1.1-7.5 CM	1,775
13132	2526242	PT CPLX 2.6 CM -7.5	2,192
13133	2526259	PT CPLX EA 5 CM ADDL	821
13150	2526267	PT CPLX E/N/E/L 1.0 CM/<	819
13151	2526275	PT CPLX 1.1 CM - 2.5 CM	1,942
13152	2526283	PT CPLX 2.6 CM-7.5 CM	2,331
13153	2526291	PT CPLX EA 5 CM/<	891
13160	2526309	PT CLSR SURG WND/DEHSN X	3,715
97810	2526317	PT Accupuncture, 1 or more needles; without electrical stimulation; initial 15 mins of personal one-on-one contact with the patient	167
97811	2526325	PT Accupuncture, without electrical stimulation; each additional 15 mins of personal one-on-one contact with the patient with re-insertion of needles	126
97813	2526333	PT Accupuncture, with electrical stimulation; initial 15 mins of personal one-on-one contact with the patient	178

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
97814	2526341	PT Accupunture, with electrical stimulation; each additional 15 mins of personal one-on-one contact with the patient with re-insertion of needles	142
97150	2526358	PT Therapeutic Procedure (group)- 2 or more individuals	84
99600	2526366	PT Unlisted Home Visit Service or procedure- NOS	-
97535	2526374	PT Self-care/home management training- ADL's and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment	158
98966	2526382	PT Tel assessment 5-10 minutes of medical discussion.	65
98967	2526390	PT Tel assessment 11-20 minutes of medical discussion	123
98968	2526408	PT Tel assessment 21-30 minutes of medical discussion	181
98969	2526416	PT Online assessment and management service pcommunications network.	107
99366	2526424	PT Med team conf...with patient/family present, > 30 minutes.	196
99368	2526432	PT Med team conf ...without the patient and/or family, > 30 minutes.	168
99401	2526440	PT Preventative couns ...individual; 15 min.	173
99402	2526457	PT Preventative couns ...individual; 30 min.	288
99403	2526465	PT Preventative couns ...individual; 45 min.	401
99404	2526473	PT Preventative couns ...individual, 60 min.	516
99411	2526481	PT Preventative couns...group; 30 minutes.	82
99412	2526499	PT Preventative couns...group; 60 minutes.	103
99487	2526507	PT Comp chronic care...60 minutes per calendar month	425
99489	2526515	PT Comp chronic care ...each additional 30 minutes per calendar month.	212
99490	2526523	PT Chronic care management services, at least 20 minutes, per calendar month	192
94618	2526531	PULMONARY STRESS TEST SIMPLE	157
	2626000	ER VISIT RE-ENTRY	-
99281	2626018	ER LEVEL 1 VISIT	97
99284	2626026	ER LEVEL 4 VISIT	537
MATERIA	2626034	ER SUP CRUTCHES	
L			36
90791	6363030	Psychiatric diagnostic evaluation	653
MATERIA	2626059	ER SUP SPLINT CLAVICLE	
L			36
90792	3131000	CAS -PSYCHIATRIC DIAGNOSTIC EVALUATION W/MEDICAL SERVICES	207
	2626075	ER SUP CERVICAL COLLAR	25
MATERIA	2626083	ER SUP VELPRO SHLDER IMMOBILIZR	
L			36

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
90832	3131034	CAS - PSYCHOTHERAPY 30 MINS W/PATIENT - PROFESSIONAL FEES	54
99282	2626109	ER LEVEL 2 VISIT	189
99283	2626117	ER LEVEL 3 VISIT	283
99285	2626125	ER LEVEL 5 VISIT	791
MATERIA L	2626133	ER SUP VELPO ARM IMMOBILZ	36
	2626141	RECOMPRESSION CHAMBER	1,899
	2626158	ER SUP MISC SUPPLIES	-
90832	5656038	CMH PSYCHOTHERAPY 30 MINS W/PATIENT - PROFESSIONAL FEES	156
	2626174	SPECIAL EMERG RATE P/HR	427
	2626182	ER CALORIC TESTING COLD	100
	2626190	ER CALORIC TESTING HT CLD	174
	2626208	ER POSTURAL TESTING	96
	2626224	ER NURSES ESCORT	391
90832	6363048	Psychotherapy, 30 minutes with patient and/or family member	317
36430	2626430	ER -BLD TRANSFUSN /DAY IND PRICED	162
	2626448	ER -IV INFUSION 1ST IND PRICED	184
	2626455	ER -IV INF EA ADD - IND PRICED	95
	2626745	ER LUMBAR PUNCTURE	831
	2626752	ER CARDIOVERSION	635
A0343	2727048	AL AMBUL TO/FR AIRPORT	386
A0428	2727055	AL AMBULANCE NON-EMERGEN	1,167
A0429	2727063	AL AMBULANCE EMERGENCY	1,211
99082	2727089	AL NURSE ESCORT	527
	2828002	UCE RE-ENTRY VISIT	-
	2828887	UCE SUP CERVICAL COLLAR	25
	2828895	UCE SUP KNEE IMMOBILIZER	125
	2828903	UCE SUP VELPO ARM IMMOBIL	36
99281	2828911	UCE VISIT LEVEL 1	97
99282	2828929	UCE VISIT LEVEL 2	189
99283	2828937	UCE VISIT LEVEL 3	283
	2828945	UCE SUPPLY CRUTCHES	36
	2828952	UCE SUPPLY CANE	13
78018	2929024	RI -I 131 DIAG SCAN WB	1,482
78320	2929032	RI -ADD-ON SPECT	1,082
78700	2929040	RI -RENAL SCAN DMSA	816
78708	2929065	RI -RENAL SCAN W DIURETIC	829
78306	2929115	RI -BONE SCAN WHOLE BODY	1,439
78606	2929123	RI -BRAIN SCAN CMPL &FLOW	1,562

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
79101	2929131	RI -STRONTIUM 89 INJTION	666
	2929149	RI -GALLIUM - WHOLE BODY	1,434
78215	2929164	RI -LIVER & SPLEEN SCAN	921
79101	2929206	RI -THYROID SCAN	666
79101	2929214	RI -IODINE 131 THPY DOSE	666
78580	2929222	RI -PERFUSN ONLY LUNG SCN	1,132
78761	2929248	RI -TESTICULAR SCANTATICS	997
78264	2929255	RI -GASTRIC EMPTYING SCAN	1,592
78305	2929271	RI -BONE SCAN STATIC VIEW	1,334
78315	2929289	RI -BONE SCAN 3 PHASE	1,641
78805	2929305	RI -WBC (INDM III) LABEL	867
78481	2929313	RI -CARDIAC MUGA	828
78708	2929370	RI -RENAL SCAN W CAPTOPR	829
78800	2929404	RI -GALLIUM SCAN LMT AREA	913
78278	2929412	RI -GI BLEEDING SCAN	1,654
78582	2929438	RI -NM LUNG VENT AND PERF IMAGING	1,584
78290	2929446	RI -MECKLES DIVERTSTRIC M	1,570
78070	2929453	RI -PARATHYROID SCAN	1,423
78707	2929479	RI -RENAL SCAN WO DRG INT	1,101
78231	2929487	RI -SALIVARY GLAND SCAN	496
90834	3131018	CAS - PSYCHOTHERAPY 45 MINS W/PATIENT- VISIT TO PSYCHOLOGIST	174
78075	2929503	RI -MIBG STUDY W 1 MCI	2,145
78740	2929511	RI -VOIDG CYSTOURETHROGRM	1,033
78466	2929537	RI -ASSMT ACUTE MYOCARD I	934
	2929545	RI -SCINTIMAMMOGRAPHY	1,059
90834	6363055	Psychotherapy, 45 minutes with patient and/or family member	424
90846	6363089	Family psychotherapy without the patient present	512
90847	6363097	Family psychotherapy, conjoint psychotherapy with the patient present	533
90853	6363113	Group psychotherapy (other than of a multiple-family group)	128
96116	6340111	AH SP Neurobehavioral Status Exam -thinking, reasoning, and judgment	457
97032	6341457	AH OT E Stim attended	76
	2929768	RI RADIOISO GALLIUM67 3MC	398
	2929776	RI RADIOISO GALLIUM67 5MC	612
	2929784	RADIOIS STRONTIUM 89 4MCI	2,913
97035	6341440	AH OT Ultrasound	66
97039	2525301	PT LASER TXMNT 15 MINUTES	96
	2929818	RI -RADIOISO 131 MIBG 0.5MCI	415
A9500	2929826	RI -RADIOIS SESTAM 1UNITS	2,550



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
78802	2929859	RI -GALLIUM WH BDY SCAN T	1,534
	2929867	RI -WHOLE BODY/3 PHASE ST	2,855
78262	2929875	RI -GASRTOESOPHAGEAL REFL	1,143
	2929883	RI -METASTRON (89SR0 4MCI	2,913
	2929891	RI -RI STRONTIUM 89 4MCI	2,913
	2929909	RI -RADIOISO IDN 131 1MCI	214
	2929917	RI -RADIOISTP THL 201 5MC	474
	2929925	RI -MIBG DIAG DOSE 1.5MCI	746
78414	2929933	RI NON-IMAGING HEART FUNCTION	339
78451	2929941	RI HEART IMAGE(3D)SINGLE	1,613
78452	2929958	RI HEART IMAGE(3D)MULTIPLE	2,247
78453	2929966	RI HEART MUSCLE BLOOD SINGLE	1,440
78454	2929974	RI HEART MUSCLE BLOOD MULTIPLE	2,071
78472	2929982	RI GATED HEART PLANAR SINGLE	1,085
78473	2929990	RI GATED HEART MULTIPLE	1,368
78483	2930006	RI HEART FIRST PASS MULTIPLE	1,141
78451	2930030	RI -NM MYOCARDIAL PERFUSION SPECT REST OR STRESS	1,613
78452	2930048	RI -NM MYOCARDIAL PERFUSION SPECT REST/STRESS	2,247
78453	2930055	RI -NM CARDIAC PERFUSION PLANAR REST OR STRESS	1,440
78454	2930063	RI -NM CARDIAC PERFUSION PLANAR REST/STRESS	2,071
78226	2930071	RI -NM HEPATOBILIARY INCL GB	1,570
78227	2930089	RI -NM HEPATOBILIARY INCL GB W DRUG	2,128
78597	2930097	RI -NM LUNG PERFUSION IMAGING	962
78579	2930105	RI -NM LUNG VENTILATION IMAGING	886
78598	2930113	RI -NM LUNG PERF AND VENT DIFERENTL	1,445
78012	2930121	RI -NM THYROID UPTAKE MEASUREMENT	383
78013	2930139	RI -NM THYROID IMAGING W VASC FLOW	910
78014	2930147	RI -NM THYROID IMAGING W VASC FLOW W UPTAKE	1,145
		<b>Required drugs will be charged at current cost</b>	
97039	4141271	OT UNLISTED MOD 15 MIN	85
97039	6825194	DH PT LASER TX 15 MIN	96
90863	3131026	CAS -MED MGMT INC. Rx REVIEW OF MEDS	81
97039	6841258	DH OT UNLISTED MOD 15 MIN	85
90791	3131042	CAS - PSYCHIATRIC DIAGNOSTIC EVALUATION W/O MEDICAL SERVICES	613
90834	3131059	CAS -PSYCHOTHERAPY 45 MINS W/PATIENT &/OR FAMILY MEMBER	398
90837	3131067	CAS -PSYCHOTHERAPY W/PT &/OR FAMILY MEMBER	680
90853	3131075	CAS -PSYCHOTHERAPY GROUP - CASE CONFERENCES PER SESSION	120

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
90838	3131083	CAS -PSYCHO. W PT &/OR FAM MEM. W/E&M SVCS incl. IP- 15 MINS	517
90836	3131091	CAS -PSYCHOTHERAPY 45 MINS W/PATIENT E&M AND TRIAGE NEW PATIENTS	391
90853	3131109	CAS -PSYCHOTHERAPY GROUP - CAMP SERVICES PER PATIENT PER WEEK	120
90836	3131117	CAS -PSYCHOTHERAPY 45 MINS W/PATIENT E&M AND TRIAGE - OBSERVATIONS	391
90791	3131125	CAS -PSYCHIATRIC DIAGNOSTIC EVALUATION W/O MEDICAL SERVICES	613
90846	3131182	CAS -FAMLY PSYCHOTHPY W/O PT PRESENT	480
90847	3131190	CAS -FAMLY PSYCHOTHPY W/ PT PRESENT	500
90853	3131208	CAS -GROUP PSYCHOTHERAPY - PER PATIENT PER SESSION	120
96116	3131240	CAS -AUTISM INTL ASSESSMN - NEUROBEHAVIORAL STATUS EXAM	428
96118	3131257	CAS -AUTISM NEUROBEHAVIOURAL FOLLOW-UP EXAM	428
90834	3131265	CAS - PSYCHOTHERAPY 45 MINS W/PATIENT- COURT SERVICES INITIAL VISIT	398
90834	3131273	CAS - PSYCHOTHERAPY 45 MINS W/PATIENT- COURT SERVICES FOLLOW-UP	398
90834	3131281	CAS - PSYCHOTHERAPY 45 MINS W/PATIENT- COURT SERVICES DOCUMENTATION	398
99211	3231016	FC -EST PATIENT LV 1 VISI	99
99070	3231032	FC -SUP CRUTCHES	36
97110	6340137	AH SP Therapeutic Procedure- exercise to develop strength and endurance, ROM and flexibility.	150
97760	3231305	FC -ORTH FIT&TRAIN EA 15M	215
97761	3231313	FC -PROSTHETIC FIT&TRAINS	186
	3231586	FC -TREAT INDIV INJECTION FEE	22
97124	6341473	AH OT Massage Therapy	150
99212	3232006	FC -EST PATIENT LV 2 VISI	200
99213	3232014	FC -EST PATIENT LV 3 VISI	333
99214	3232022	FC -EST PATIENT LV 4 VISI	491
99215	3232030	FC -EST PATIENT LV 5 VISI	663
97127	4141024	OT COG COMPENS TRAIN 15 MIN	85
97127	4341053	CR OT COG COMPENS TRAIN 15 MIN	85
97127	6841027	DH OT COG COMPENS TRAIN 15 MIN	85
97530	6340145	AH SP Therapeutic Activities- dynamic activities to improve function	198
97535	6325666	AH PT Self-care/home management training- ADL's and compensatory training, meal preparation, safety procedures, and	169

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
		instructions in use of assistive technology devices/adaAH PTive equipment	
97535	6341424	AH OT Self Care Home Management Training	169
97535	6341432	AH OT Self Care Training	169
97537	6341416	AH OT Community Work Integration Training	162
97542	6341499	AH OT Wheelchair management (e.g. assessment, fitting, training), each 15 mins	164
98961	6334098	AH MNT Educ & Train 30 minutes; 2-4 patients.	67
98962	6334114	AH MNT Educ & Train 30 minutes; 5-8 patients.	48
99053	2929495	RI -STUDY OUTSIDE NORMAL	206
99053	3838455	US -STUDY OUTSIDE NORMAL	305
99053	4242103	CT STUDY O/S NORMAL HRS	514
99070	3231040	FC -SUP CANE	13
99070	3231990	FC -MISC CUST ORTHO INSUR	-
99070	3232048	FC -SUP ORTHO HEAD HELMET	227
99070	3232691	FC -SUP SKIN TRACTION	36
99070	3232089	FC -SUP ORTHO SHOES WOMEN	296
99070	3232501	FC -SUP BRACE SARMIENTO	813
99070	3232543	FC -SUP BRACE CLAVICLE	24
99070	3232550	FC -SUP AFO W ARTICULATIO	703
99070	3232568	FC -AIRCAST SHORT WALKING BOOT	214
99070	3232576	FC -SUP AFO BIVALVE	592
99070	3232584	FC -SUP KNEE IMMOBILIZER	125
99070	3232592	FC -SUP AIRCAST WALKING BOOT	250
99070	3232600	FC -SUP 3D KNEE IMMOBILIZ	303
99070	3232618	FC -SUP ASO	125
99070	3232626	FC -SUP OUTFLARE BOOTS	132
99070	3232634	FC -SUP ANKLE AIR STIRRUP	67
99070	3232642	FC -SUP ARCH SUPPORT DIAB	339
99070	3232667	FC -SUP AIRCAST STIRRUP	67
99070	3232675	FC -SUP ARCH SUPPORT BI-O	339
99070	3232683	FC -SUP AIRBELT	428
99070	3232709	FC -SUP BRACE / HARRIS BA	554
99070	3232717	FC -SUP SPLINT ELASTIC WR	35
99070	3232725	FC -SUP CAST SANDALS/BOOT	25
99070	3232733	FC -SUP A C SLEEVE	79
99070	3232741	FC -SUP SPLINT PLASTIC HA SPLINT	221
99070	3232766	FC -SUP BACK N TRACK	961
99070	3232782	FC -BODY JACKET	1,049
99070	3232816	FC -SUP WALKER CAM	289
99070	3232824	FC -SUP BRACE PATELLA ISORACE	125

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
99070	3232865	FC -SUP COLLAR CERVICAL	19
99070	3232873	FC -SUP COLLAR PHILADELPH	125
99070	3232881	FC -THIMBLE FINGER	16
99070	3232899	FC -HAPPAD INSOLES P/PAIR	24
99070	3232907	FC -HAPPAD MET PADS P/PAIR	12
99070	3232915	FC -SUP CHO PAT	32
99070	3232923	FC -SUP HALLUX VALGUS NIG	82
99070	3232931	FC -ELBOW CLASP	74
99070	3232949	FC -SUP BRACE HINGED KNEE	243
99070	3232956	FC -SUP BRACE ELBOW	267
99070	3232964	FC -SUP BRACE FXRACE	688
99070	3232972	FC -SUP BRACE HIP SPLINT/	813
99070	3232980	FC -SUP ARCH SUPPORTS	325
99070	3232998	FC -SUP BRACE KNEE	773
99070	3233004	FC -SUP AFO	592
99070	3233012	FC -SUP BRACE BLACK & BAC	192
99070	3233020	FC -SUP BONE STIMULATORS	4,881
99070	3233038	FC -SUP BRACE LONG LEG BR	1,272
99070	3233053	FC -SUP SPLNT PLANTAR FAS	221
99070	3233095	FC -SUP BUCK TRACTION	110
99070	3233103	FC -SUP CASH ORTHOSIS	310
99070	3233111	FC -SUP CERVICAL TRACTION	46
99070	3233129	FC -SUP ELBOW CRUTCHES	283
99070	3233145	FC -SUP HAMMER TOE CUSHIO	26
99070	3233160	FC -SUP BOOTS (HOCKEY TYP	207
99070	3233178	FC -SUP MINERVA	554
99070	3233186	FC -SUP ORTHO SHOES MEN	296
99070	3233194	FC -SUP ORTHO MOULD	274
99070	3233202	FC -SUP PAVLIK HARNESS	178
99070	3233210	FC -SUP PELVIC BAND	162
99070	3233236	FC -POS ANKLE	185
99070	3233244	FC -SUP SMO & AFO	999
99070	3233251	FC -SUP SACRO BELT	118
99070	3233269	FC -SUP SHOULDER ABD PILL	221
99070	3233277	FC -SUP SPLNT SCAPHOID	98
99070	3233285	FC -SUP SPLNT STAX FINGER	22
99070	3233301	FC -SUP SPLNT FNGR VELCRONT	16
99070	3233335	FC -SUP TOE FILLER	192
99070	3233343	FC -SUP TWISTER CABLE	381
99070	3233350	FC -UCB	261

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
99070	3233368	FC -SUP PATELLA ISOLATION BRACE	96
99070	3233376	FC -SUP VISCOLAS HEEL CUP	60
99070	3233384	FC -SUP WALKER WEE	132
99070	3233392	FC -SUP BRCE KNEE C FIBRBRACE	1,405
99070	3233400	FC -SUP HUMERAL B/W JOINT	669
99070	3233418	FC -SUP BRCE HUMERAL FXBRACE	281
99070	3234838	FC NEOPRENE THUMB SPLINT	36
99070	3233426	FC -SUP IWBB	1,391
99070	3233434	FC -SUP BRCE BCK JEWITT	407
99070	3233442	FC -SUP BRACE KLENZAC	703
99070	3233459	FC -SUP BRCE BCK MOULDED	532
99070	3233467	FC -SUP BRCE PIANO WIRE	856
99070	3233475	FC -SUP BRCE BCK SOMIE	570
99070	3234739	FC 3D LINERS	70
99070	3234747	FC AIRCAST WALKING BOOT	250
99070	3234754	FC BMI BACK BRACE	214
99070	3234762	FC CP HELMET	140
99070	3234770	FC CARTER ARM	96
99070	3234788	FC CROW WALKER	961
99070	3234796	FC DAFO	443
99070	3234804	FC ELBOW BRACE FOAMS	53
99070	3234812	FC FIXED WALKER BMI	185
99070	3234820	FC MIAMI J COLLAR	185
99070	3234846	FC OFF LOADER POST/OP SHOE	53
99070	3234853	FC PLASTIC WRIST & HAND SPLINT	98
99070	3234861	FC PLASTIC WRIST SPLINT	98
99070	3234879	FC PREMIER KNEE BRACE	1,405
99070	3234887	FC ROYCE MEDICAL POST/OP SHOE	221
99070	3234895	FC SMO	407
99070	3234903	FC TIRR PREFAB	274
99070	3234911	FC TEMPRO THUMB SPLINT	46
99070	3234929	FC VELPO ARM IMMOBILIZER	25
99070	3234937	FC WEATON BRACE	370
99070	3234945	FC ADAPT SKIN JAR SMALL	22
99070	3234952	FC ADAPT SKIN JAR LARGE	73
99070	3234960	FC COOLMAX SOCKS 8 PLY	46
99070	3234978	FC COOLMAX SOCKS	39
99070	3234986	FC COSMETIC FINISHING KIT	58
99070	3234994	FC COSMETIC NYLONS	94
99070	3235009	FC CREAM SMALL	22

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
99070	3235017	FC COTTON SOCKS	10
99070	3235025	FC CREAM LARGE	73
99070	3235033	FC DAW SKIN	653
99070	3235041	FC DERMO LINER	1,051
99070	3235058	FC DIABETIC SOCKS PAIR	44
99070	3235066	FC DISTAL END PAD	123
99070	3235074	FC DISTAL END PAD OSSUR	261
99070	3235082	FC DREAM SKIN	798
99070	3235090	FC DURAGEL SUSPENSION SLEEVE	203
99070	3235108	FC FOAM COVER BK	435
99070	3235116	FC FOAM COVER AK	653
99070	3235124	FC FOAM COVER BMI	508
99070	3235132	FC FOOT SHELL	471
99070	3235140	FC GEL SOCKS	109
99070	3235157	FC JACK STRAP LEATHER	109
99070	3235165	FC JACK STRAP VELCRO	51
99070	3235173	FC JUZO SUSPENSION SLEEVE	109
99070	3235181	FC LINER OSSUR	1,015
99070	3235199	FC LINER ALPHA	725
99070	3235207	FC LINER ALPS	870
99070	3235215	FC PARACHUTE	65
99070	3235223	FC PELITE LINER	254
99070	3235231	FC PELITE LINER LEATHER	326
99070	3235249	FC PELITE WEDGE	73
99070	3235256	FC PIPE	254
97802	3334018	DB MNT INTL AX & INTERV FACE TO FAC	158
97803	3334034	DB MNT REAX & INTRV FACE TO FACE	137
97804	3334059	DB MNT GROUP THERAPY 30 MIN	73
98961	3337201	DB -DIABETIC EDUCATION PR	63
	3337219	DB -DIET DB COUNS EA 15M	158
99211	3337235	DB -DIABE F/U PROG 15MINS	99
99070	3235264	FC POST OP SOCKS	174
81002	3337250	DB -U/A DIPSTICKK ANALYSI	16
82962	3339207	DB -FS GLUCOSE TESTING	15
95250	3339223	DB -CGMS/CNT GLU MON 72HR	703
97802	3339306	DB -DIET COUNSEL INTL VIS	158
97803	3339314	DB -DIETETIC COUNSEL F/UP	137
97804	3339322	DB -DIETETIC GROUP THERAP	73
	3339330	DB -CONTINUOUS GLUCOSE MONITORING	447
97802	3437100	MNT INITIAL AX INTERVENT FA TO FA	158

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
97803	3437134	MNT REAX INTERVENT FACE TO FACE	137
97804	3437142	MNT DIET GROUP THERAPY 30 MINUTE	73
98960	3437514	MNT Educ & Train 30 minutes; individual patient.	128
98961	3437522	MNT Educ & Train 30 minutes; 2-4 patients.	63
98962	3437530	MNT Educ & Train 30 minutes; 5-8 patients.	45
99600	3437548	MNT Unlisted Home Visit Service or procedure- NOS	-
98966	3437555	MNT Tel assessment 5-10 minutes of medical discussion.	65
98967	3437563	MNT Tel assessment 11-20 minutes of medical discussion	123
98968	3437571	MNT Tel assessment 21-30 minutes of medical discussion	181
98969	3437589	MNT Online assessment and management service pcommunications network.	107
99366	3437597	MNT Med team conf...with patient/family present, > 30 minutes.	196
99368	3437605	MNT Med team conf ...without the patient and/or family, > 30 minutes.	168
99401	3437613	MNT Preventative couns ...individual; 15 min.	173
99402	3437621	MNT Preventative couns ...individual; 30 min.	288
99403	3437639	MNT Preventative couns ...individual; 45 min.	401
99404	3437647	MNT Preventative couns ...individual, 60 min.	516
99411	3437654	MNT Preventative couns...group; 30 minutes.	82
99412	3437662	MNT Preventative couns...group; 60 minutes.	103
99487	3437670	MNT Comp chronic care...60 minutes per calendar month	425
99489	3437688	MNT Comp chronic care ...each additional 30 minutes per calendar month.	212
99490	3437696	MNT Chronic care management services, at least 20 minutes, per calendar month	192
96150	3535002	ASTHMA MGMT / INITIAL VIS	102
96151	3535010	ASTHMA - REASSESS & F/U	99
96154	3535028	AM -ASTH INTERV FAML 15M	91
96152	3535036	AM -ASTH INTERV IND 15M	94
94010	3535044	AM -LUNG FUNCTION TEST 15 MINUTES	165
94060	3535051	AM -PRE/POST LUNG FUNCT TEST 15 MIN	278
	3636008	HYPERBARIC & W/C (W/O OXY) PER UNIT	198
C1300	3636016	HPB -HPERBARC TX EA 30MIT	287
	3636024	WOUND MGMT CEN-STANDARD	128
	3636032	WOUND MGMT CENTRE-COMPLEX	227
	3636040	WOUND MGMT CEN-DEBRIDEMEN	301
16025	3636057	HPB -WND BRN CARE MED	682
16030	3636065	HPB -WND BRN CARE LRGE	863
97597	3636073	HPB -DEBRIDE SELECTIVE	383
97602	3636081	HPB -DEBRIDE NONSELECTIVE	178
16020	3636156	HPB -WND BRN CARE SML	380

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
93922	3636180	HYP -ANKLE BRA IND S/L BI	406
93922	3636198	HYP -TRANSCU O2 MON SL BI	406
93923	3636206	HYP -TRANS O2 MON BI STUD	629
82962	3636214	HYP -GLUCOSE MONITORING	15
99245	3636222	HYP -WOUND CARE ASSES FEE	1,017
96152	3737004	BF -LACTATN SESS INDV 15M	94
76700	3838018	US -ABDOMEN	564
76856	3838026	US -PELVIS	508
	3838034	US GALLBLADDER	384
76705	3838042	US LIVER	422
76775	3838059	US -RENAL	267
76705	3838067	US -PANCREAS	422
76536	3838075	US -THYROID	537
76870	3838083	US -TESTICLES	312
76801	3838091	US -OBSTETRICS 1ST TRICOL	569
76942	3838125	US -BREAST BIOPSY	275
76775	3838133	US -AORTA	267
76885	3838315	US -HIPS	666
76536	3838349	US -SOFT TISSUE NECK	537
93971	3838356	US -VEINS LOW EXTR UNILAT	556
75989	3838364	US -DRAINAGE	556
93971	3838372	US -VEINS UP EXTR UNILAT	556
93926	3838380	US -LEG ARTERIES UNILAT	705
76831	3838398	US -SONO HYSTEROGRAM	551
76830	3838406	US -FERTILITY	563
	3838422	US -INTRA CAVITY	403
76830	3838430	US -PELV INTRAC NO PREGNA	563
93930	3838448	US -UP EXT BILAT ART/BYPA	965
99070	3235272	FC POWER BELT	181
76856	3838471	US -BLADDER	508
	3838489	U S COLOUR DOPPLER	497
76506	3838497	US -HEADDER	540
76970	3838505	US -REPEAT EXAM	424
	3838513	US PORTABLE STUDY ADD \$10	18
93880	3838521	US -CAROTIDS DOPP STUDY	939
	3838539	U S DOPPLED AS ADD STUDY	144
76705	3838554	US -SPLEEN	422
76776	3838570	US KIDNEY TRANSPLANT W DOPPLER	723
76805	3838588	US -OBSTETRICS 2ND TRI	656
76805	3838596	US -OBSTETRICS 3RD TRI	656



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
76818	3838604	US -FETAL BIOPHYS PRILE	569
76810	3838612	US -TWINS (OB2/OB3) EA AD	430
76830	3838620	US -FERTILTY F/U LMT STDY	563
76873	3838638	US -PROSTATE	797
76999	3838646	US -SOFT TISSUE MASS OTHE	385
93925	3838653	US -LEG ARTERIES BILAT	1,204
93970	3838661	US -VEINS LOW EXTR BILAT	907
93970	3838679	US -VEINS UP EXTR BILAT	907
76942	3838687	US -BREAST BIOPSY	275
76946	3838695	US -AMNIOCENTESIS S&I	150
93931	3838729	US -UP EXT UNILAT ART/BYP	600
76942	3838737	US -BRST GUIDED NEED LOC	275
	3838752	US -ABDOMEN PELVIS	770
	3838760	US -RENAL BLADDER	770
10160	3838778	US ABSCESS DRAIN UND SKIN	600
19000	3838786	US GD BRST CYST ASP 1ST D	517
19001	3838794	US GD BRST CYST ASP,EA AD	124
20206	3838802	US GUIDED BODY NEEDLE BIOPSY,MUSCLE	1,083
20220	3838810	US GUIDED BODY NEEDLE BIOPSY, BONE	771
32405	3838828	US GUIDED BODY NEEDLE BIOPSY, LUNG	1,799
99070	3235280	FC SILICONE INSERT	116
38505	3838844	US GUIDED BODY NEEDLE BX LYMPH NODE	579
47000	3838851	US GUIDED BODY NEEDLE BIOPSY, LIVER	1,408
49040	3838885	US ABSCESS DRAINAGE, SUBDIAPHRAGMAT	4,677
60100	3838919	US GUIDED BODY NEEDLE BIOP THYROID	521
76872	3838927	US ULTRA PROSTATE TRANSRE	445
76942	3838935	US GUIDANCE ECHO GUIDE FOR BIOPSY	275
19001	3838976	US GD BRST CYST ASP EA AD	124
76775	3839024	US RETROPERITONEAL LTD	267
76641	3839032	US BREAST COMPLETE UNILATERAL	495
76642	3839040	US BREAST LIMITED UNILATERAL	406
98962	3939006	PRENATAL CLASS /PROGRAM	45
92507	4040010	SP TX SL VOICE COM AUD PRO PED 15M	359
92507	4040028	SP TX SL VOICE COM AUD PRO ADLT 15M	359
92526	4040036	SP TX SWAL DYSFX ORALFX FEED PED15M	393
92609	4040044	SP TRAIN W/SPCH DEVICE 15 MIN	503
92507	4040051	SP TX SL VOICE COM EXPR/REC 15 MIN	359
92507	4040069	SP TX AUDITORY PROCESS 15 MIN	359
97127	4040077	SP COG SKILL DEV TRAIN 15 MIN	54
92506	4040085	SP EVAL LANG VOICE COM AUD PRO 15M	144

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
92610	4040101	SP EVAL FUNCTIONAL SWALLOW	393
92611	4040119	SP EVAL FLUOROSCOPIC SWALLOW	401
96105	4040127	SP AX APHASIA EXPRESS RECPT SL 1 HR	496
92526	4040218	SP TX SWAL DYSFX,ORL FEED,ADLT 15MN	393
92521	4040234	SP EVALUATION OF SPEECH FLUENCY	522
97110	4040242	SP Therapeutic Procedure- exercise to develop strength and endurance, ROM and flexibility.	141
97530	4040259	SP Therapeutic Activities- dynamic activities to improve function	186
99366	4040267	SP Team Conference- with pt/family present	196
99368	4040275	SP Team Conference- without pt/family present	168
97150	4040283	SP Therapeutic Procedure (group)- 2 or more individuals	84
99600	4040291	SP Unlisted Home Visit Service or procedure- NOS	-
98966	4040309	SP Tel assessment 5-10 minutes of medical discussion.	65
98967	4040317	SP Tel assessment 11-20 minutes of medical discussion	123
98968	4040325	SP Tel assessment 21-30 minutes of medical discussion	181
98969	4040333	SP Online assessment and management service pcommunications network.	107
99366	4040341	SP Med team conf...with patient/family present, > 30 minutes.	196
99368	4040358	SP Med team conf ...without the patient and/or family, > 30 minutes.	168
99401	4040366	SP Preventative couns ...individual; 15 min.	173
99402	4040374	SP Preventative couns ...individual; 30 min.	288
99403	4040382	SP Preventative couns ...individual; 45 min.	401
99404	4040390	SP Preventative couns ...individual, 60 min.	516
99411	4040408	SP Preventative couns...group; 30 minutes.	82
99412	4040416	SP Preventative couns...group; 60 minutes.	103
99487	4040424	SP Comp chronic care...60 minutes per calendar month	425
99489	4040432	SP Comp chronic care ...each additional 30 minutes per calendar month.	212
99490	4040440	SP Chronic care management services, at least 20 minutes, per calendar month	192
97110	4141008	OT THERAPEUTIC EXCERCISE 15 MIN	141
97535	4141016	OT ADL TRAIN 1 ON 1 15 MIN	158
99070	3235298	FC SILICONE SHEATS	87
97112	4141032	OT PERCEPTUAL MOTOR 15 MIN	160
97530	4141040	OT UPPER LIMB REMEDIATION 15 MIN	186
	4141057	OT SPLINT FABRICATION 15 MIN	85
97755	4141065	OT ADAPTIVE EQUIPMENT 15 MIN	179
96152	4141073	OT PT EDUCATION 15 MIN	94
97530	4141081	OT VOCATIONAL RETRAINING 15 MIN	186
95832	4141099	OT HAND MUSCLE ROM TEST	149

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
97530	4141107	OT HAND THERAPY 15 MIN	186
97163	4141149	OT INITL EVAL SIMPL 15 MINUTES	385
97163	4141156	OT INITL EVAL MOD 15 MINUTES	385
97163	4141164	OT INITL EVAL COMPLEX 15 MINUTES	385
97164	4141172	OT RE EVAL SIMPLE 15 MINUTES	260
97164	4141180	OT RE EVAL MODERATE 15 MINUTES	260
97164	4141198	OT RE EVAL COMPLEX 15 MINUTES	260
97010	4141222	OT HOT PACKS 15 MINUTES	29
97010	4141230	OT ICE PACKS 15 MINUTES	29
97018	4141248	OT WAX BATH 15 MINUTES	40
97022	4141255	OT WHIRLPOOL BATH 15 MINUTES	87
97036	4141263	OT HUBBARD TANK 15 MIN	163
99070	3235306	FC SHEARBAN	44
97110	4141289	OT THERAP EXERC 15 MIN	141
97112	4141297	OT NEUROMUSC RE ED 15 MIN	160
97124	4141305	OT MASSAGE 15 MIN	141
97760	4141321	OT ORTH FIT/TRAIN 15 MIN	215
97761	4141339	OT PROSTH FIT/TRAIN 15 MIN	186
97530	4141347	OT THERAPEUT ACTIVITY 15 MIN	186
97533	4141354	OT SENSORY INTEGRATION 15 MIN	157
97537	4141362	OT COMM/WORK REINTEG TRAIN 15 MIN	152
97542	4141370	OT WHEELCHAIR AX TRAIN 15 MIN	154
97545	4141404	OT WORK HARD CONDITION INTL 2 HR	689
97546	4141412	OT WORK HARD CONDITION EA ADL HR	275
99070	3235314	FC SHEATS	13
99600	4141453	OT Unlisted Home Visit Service or procedure- NOS	-
97537	4141461	OT Community Work Integration Training	152
99600	4141479	OT Self Care Home Management Training	-
97535	4141487	OT Self Care Training	158
97035	4141495	OT Ultrasound	61
97032	4141503	OT E Stim attended	71
97014	4141511	OT E Stim Unattended	71
97124	4141529	OT Massage Therapy	141
97150	4141537	OT Therapeutic Procedure (group)- 2 or more individuals	84
97542	4141545	OT Wheelchair management (e.g. assessment, fitting, training), each 15 mins	154
98966	4141552	OT Tel assessment 5-10 minutes of medical discussion.	65
98967	4141560	OT Tel assessment 11-20 minutes of medical discussion	123
98968	4141578	OT Tel assessment 21-30 minutes of medical discussion	181
98969	4141586	OT Online assessment and management service pcommunications network.	107

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
99366	4141594	OT Med team conf...with patient/family present, > 30 minutes.	196
99368	4141602	OT Med team conf ...without the patient and/or family, > 30 minutes.	168
99401	4141610	OT Preventative couns ...individual; 15 min.	173
99402	4141628	OT Preventative couns ...individual; 30 min.	288
99403	4141636	OT Preventative couns ...individual; 45 min.	401
99404	4141644	OT Preventative couns ...individual, 60 min.	516
99411	4141651	OT Preventative couns...group; 30 minutes.	82
99412	4141669	OT Preventative couns...group; 60 minutes.	103
99487	4141677	OT Comp chronic care...60 minutes per calendar month	425
99489	4141685	OT Comp chronic care ...each additional 30 minutes per calendar month.	212
99490	4141693	OT Chronic care management services, at least 20 minutes, per calendar month	192
77012	4242079	CT SCAN FOR NEEDLE BIOPSY	571
75989	4242087	CT DRAINAGE	556
	4242095	CT COPY	42
99070	3235322	FC SILICIAN BELT	218
76497	4242129	CT SPECIAL RECONSTRUCTION	288
99070	3235330	FC SPACER FOR SEATTLE FOOT	65
70450	4242145	CT HEAD LIMITED STUDY	530
70450	4242152	CT HEAD WITHOUT CONTRAST	530
70460	4242160	CT HEAD WITH CONTRAST	747
70470	4242178	CT HEAD WITH/WITHOUT CONT	876
70480	4242186	CT HEAD/IAMS WITHOUT CONT	1,065
70481	4242194	CT HEAD/IAMS WITH CONTRAS	1,261
70482	4242202	CT HEAD/IAMS W/WO CONTRAS	1,374
70480	4242210	CT MASTOIDS WITHOUT CONTR	1,065
70481	4242228	CT MASTOIDS WITH CONTRAST	1,261
70482	4242236	CT MASTOIDS W/WO CONTRAST	1,374
70480	4242244	CT ORBITS WITHOUT CONTRST	1,065
70481	4242251	CT ORBITS WITH CONTRAST	1,261
70482	4242269	CT ORBITS WITH WITHOUT CO	1,374
70480	4242277	CT PITUITARY WITHOUT CONT	1,065
70481	4242285	CT PITUITARY WITH CONTRST	1,261
70482	4242293	CT PITUITARY W AND WO CON	1,374
70486	4242301	CT FACIAL BONES WITHOUT C	637
70487	4242319	CT FACIAL BONES WITH CONT	766
70488	4242327	CT FACIAL BONES W/WO CONT	934
70486	4242335	CT SINUSES WITHOUT CONTRA	637
70490	4242350	CT NECK WITHOUT CONTRAST	770

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
70491	4242368	CT NECK WITH CONTRAST	930
70492	4242376	CT NECK WITH WITHOUT CONT	1,120
71250	4242384	CT CHEST LIMITED STUDY	745
71250	4242392	CT HI-RES CHEST	745
71250	4242400	CT CHEST WITHOUT CONTRAST	745
71260	4242418	CT CHEST WITH CONTRAST	899
71270	4242426	CT CHEST WITH/WITHOUT CON	1,077
71275	4242434	CT -ANGIO CHEST W&W/O CON	1,373
72125	4242442	CT C-SPINE POST MYELOGRAM	844
72125	4242459	CT C-SPINE WITHOUT CONTRA	844
72126	4242467	CT C-SPINE WITH CONTRAST	1,043
72127	4242475	CT C-SPINE WWO CONTRAST	1,235
72128	4242483	CT T-SPINE POST MYELOGRAM	826
72128	4242491	CT T-SPINE WITHOUT CONTRA	826
72129	4242509	CT T-SPINE WITH CONTRAST	1,048
72130	4242517	CT T-SPINE W AND WO CONT	1,243
72131	4242525	CT L-SPINE POST MYELOGRAM	823
72131	4242533	CT L-SPINE WITHOUT CONTRA	823
72132	4242541	CT L-SPINE WITH CONTRAST	1,043
72133	4242558	CT L-SPINE W/WO CONTRAST	1,232
72192	4242566	CT PELVIS LIMITED STUDY	668
72192	4242574	CT PELVIS WITHOUT CONTRST	668
72193	4242582	CT PELVIS WITH CONTRAST	1,033
72194	4242590	CT PELVIS WITH WITHOUT CO	1,190
74150	4242608	CT ABDOMEN LIMITED SCAN	685
74150	4242616	CT ABDO WITHOUT CONTRAST	685
74160	4242624	CT ABDO WITH CONTRAST	1,056
74170	4242632	CT ABDO WITH WITHOUT CONT	1,201
74175	4242640	CT ANGIO ABDOMEN W CONTRS	1,405
73200	4242657	CT UPPER EXTREMITY WO CON	821
73201	4242665	CT UP EXTRM W/WO CONT W/W	1,018
73202	4242673	CT UPPER EXTREM WWO CONT	1,271
73700	4242681	CT LOWER EXTRE WO CONTRAS	823
73701	4242699	CT LOWER EXTREM WITH CONT	1,033
73702	4242707	CT LOWER EXTREM W/WO CONT	1,255
74175	4242863	CT -ANGIO ABDO W&W/O CONT	1,405
71275	4242871	CT ANGIO CHEST WITH CONTR	1,373
73206	4242889	CT ANGIO UPPER EXT W CONT	1,500
73706	4242897	CT ANGIO LOWER EXT W CONT	1,626
70496	4242905	CT ANGIO HEAD WITH CONTR	1,340

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
70498	4242913	CT ANGIO NECK WITH CONTR	1,337
72191	4242921	CT ANGIO PELVIS WITH CONT	1,398
75635	4242939	CT ANGIO AORTA WITH CONTR	2,018
10160	4242996	CT ABSCESS DRAINAGE UNDER SKIN	600
20206	4243002	CT GUIDE BODY NEEDLE BIOPSY, MUSCLE	1,083
20220	4243010	CT GUIDED BODY NEEDLE BIOPSY, BONE	771
32405	4243028	CT GUIDED BODY NEEDLE BIOPSY, LUNG	1,799
99070	3235348	FC STUMP SHRINKER BK	109
38505	4243044	CT GUIDED BODY NEEDLE BX LYMPH NODE	579
47000	4243051	CT GUIDED BODY NEEDLE BIOPSY, LIVER	1,408
49040	4243085	CT ABSCESS DRAINAGE, SUBDIAPHRAGMAT	4,677
60100	4243119	CT GUIDED BODY NEEDLE BIOP THYROID	521
73201	4243127	CT GUIDANCE W/WO CONTRAST W/WO DYE	1,018
77002	4243135	CT GUIDANCE W/CONT UPPER EXT W/DYE	432
77012	4243143	CT GUIDANCE CT SCAN FOR NEEDLE BIOP	571
75571	4243150	CT HEART W/O CONT, W/O DYE QUAL CAL	472
75572	4243168	CT HEART W/CONT, W/WO DYE FUNCT	1,306
75573	4243176	CT HEART W/CONTRAST CCTA W/WO DYE	1,782
75572	4243184	CT HEART W/CONT W/WO QUAN CALCIUM	1,306
75572	4243192	CT HEART W/CONTRAST CCTA W/WO STRXR	1,306
75574	4243200	CT HEART W/CONT CCTA W/WO STRXR QUA	1,942
75573	4243218	CT HEART W/CONT CCTA W/WO DIS STRXR	1,782
75574	4243226	CT HEART W/CONT, HEART FUNC ADD ON	1,942
23350	4243234	CT ARTHO SHOULDER INJECTION FOR CT	598
74263	4243267	CT COLONOGRAPHY SCREENING	3,487
0042T	4243275	CT CEREBRAL PERFUSION W CONTRAST	1,675
74176	4243283	CT ABDOMEN & PELVIS	918
74177	4243291	CT ABDOMEN & PELVIS W/CONTRAST	1,426
74178	4243309	CT ABDOMEN & PELVIS 1/>REGNS	1,615
74261	4243317	CT COLONOGRAPHY, DIAGNOSTIC W/O CONTRACT MATERIAL	2,225
74262	4243325	CT COLONOGRAPHY, DIAGNOSTIC W/CONTRACT MATERIAL	2,491
77073	4244000	CT SCANOGAM	165
77075	4244018	CT SKELETON AXIAL AND APPENDICULAR COMPLETE	399
97110	4325007	CR PT THERAPEUT EXER 15 MIN	141
97116	4325015	CR PT GAIT TRAINING 15 MIN	139
95831	4325023	CR PT MUSCLE GRADING 1 LIMB 15 MIN	150
97010	4325031	CR PT HOT PACKS 15 MIN	29
97010	4325049	CR PT ICE PACKS 15 MIN	29
95831	4325056	CR PT MUSCLE GRADING 2-4 LIMB 15 MN	150
94667	4325064	CR PT CHEST PHYSIO INITIAL 15 MIN	123

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
97140	4325072	CR PT MOBILIZATION 15 MIN	128
97161	4325080	CR PT EVALUATION 15 MIN	385
E0100	4325106	CR PT SUPPLY CANES	13
99070	3235355	FC SPECTRA SOCK	51
96154	4325148	CR PT PATIENT INSTRUCTION 15 MIN	91
99070	3235363	FC STUMP SHRINKER AK	123
97161	4325171	CR PT ASSESSMENT FEE	385
97161	4325189	CR PT INITIAL EVAL SIMPLE 15 MIN	385
97161	4325197	CR PT INITIAL EVAL MOD 15 MINUTES	385
97161	4325205	CR PT INITIAL EVAL COMPLEX 15 MIN	385
97162	4325213	CR PT RE EVAL SIMPLE 15 MINUTES	385
97162	4325221	CR PT RE EVAL MODERATE 15 MINUTES	385
97162	4325239	CR PT RE EVAL COMPLEX 15 MINUTES	385
95851	4325247	CR PT ROM EA EXTREM 15 MIN	92
97140	4325254	CR PT MANUAL THERAPY 15 MIN	128
97802	4334009	CR MNT INTL AX & INTERVENT FA TO FA	158
97803	4334017	CR MNT REAX & INTERVNT FA TO FA	137
97804	4334025	CR MNT GROUP THERAPY 30 MIN	73
97110	4341038	CR OT THERAPEUTIC EXCERCISE 15 MIN	141
97535	4341046	CR OT ADL TRAIN 1 ON 1 15 MIN	158
99070	3235371	FC STUMP SHRINKER SILVER	131
97112	4341061	CR OT PERCEPTUAL MOTOR 15 MIN	160
97755	4341079	CR OT ADAPTIVE EQUIPMENT 15 MIN	179
96152	4341087	CR OT PT EDUCATION 15 MIN	94
97530	4341095	CR OT VOCATIONAL RETRAINING 15 MIN	186
97163	4341137	CR OT INITL EVAL SIMPLE 15 MINUTES	385
97163	4341145	CR OT INITL EVAL MOD 15 MINUTES	385
97163	4341152	CR OT INITL EVAL COMPLEX 15 MINUTES	385
97164	4341160	CR OT RE EVAL SIMPLE 15 MINUTES	260
97164	4341178	CR OT RE EVAL MOD 15 MINUTES	260
97164	4341186	CR OT RE EVAL COMPLEX 15 MINUTES	260
95851	4341194	CR OT ROM EA EXTREM 15 MINUTES	92
97110	4341202	CR OT THERAP EXERC 15 MIN	141
97530	4341228	CR OT THERAPEUT ACTIVITY 15 MIN	186
97537	4341236	CR OT COMM/WORK REINTEG TRN 15 MIN	152
97545	4341251	CR OT WORK HARD CONDITION INTL 2 HR	689
97546	4341269	CR OT HARD WORK CONDITION EA ADL HR	275
	4343000	CC -HEART LINE / PROGRAM	822
	4343059	CR MULTI-DISC AX AND ORTX	340
98960	4325312	CR PT Educ & Train 30 minutes; individual patient.	136

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
98961	4325320	CR PT Educ & Train 30 minutes; 2-4 patients.	63
98962	4325338	CR PT Educ & Train 30 minutes; 5-8 patients.	45
97810	4325346	CR PT Accupuncture, 1 or more needles; without electrical stimulation; initial 15 mins of personal one-on-one contact with the patient	178
97811	4325353	CR PT Accupuncture, without electrical stimulation; each additional 15 mins of personal one-on-one contact with the patient with re-insertion of needles	134
97813	4325361	CR PT Accupuncture, with electrical stimulation; initial 15 mins of personal one-on-one contact with the patient	190
97814	4325379	CR PT Accupuncture, with electrical stimulation; each additional 15 mins of personal one-on-one contact with the patient with re-insertion of needles	152
97150	4325387	CR PT Therapeutic Procedure (group)- 2 or more individuals	90
99600	4325395	CR PT Unlisted Home Visit Service or procedure- NOS	-
97535	4325403	CR PT Self-care/home management training- ADL's and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment	158
98966	4325411	CR PT Tel assessment 5-10 minutes of medical discussion.	69
98967	4325429	CR PT Tel assessment 11-20 minutes of medical discussion	131
98968	4325437	CR PT Tel assessment 21-30 minutes of medical discussion	193
98969	4325445	CR PT Online assessment and management service pcommunications network.	114
99366	4325452	CR PT Med team conf...with patient/family present, > 30 minutes.	209
99368	4325460	CR PT Med team conf ...without the patient and/or family, > 30 minutes.	179
99401	4325478	CR PT Preventative couns ...individual; 15 min.	184
99402	4325486	CR PT Preventative couns ...individual; 30 min.	307
99403	4325494	CR PT Preventative couns ...individual; 45 min.	428
99404	4325502	CR PT Preventative couns ...individual, 60 min.	550
99411	4325510	CR PT Preventative couns...group; 30 minutes.	88
99412	4325528	CR PT Preventative couns...group; 60 minutes.	110
99487	4325536	CR PT Comp chronic care...60 minutes per calendar month	453
99489	4325544	CR PT Comp chronic care ...each additional 30 minutes per calendar month.	226
99490	4325551	CR PT Chronic care management services, at least 20 minutes, per calendar month	205
94618	4325569	PULMONARY STRESS TEST SIMPLE	157
98960	4334116	CR MNT Educ & Train 30 minutes; individual patient.	136
98961	4334124	CR MNT Educ & Train 30 minutes; 2-4 patients.	63
98962	4334132	CR MNT Educ & Train 30 minutes; 5-8 patients.	45



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
99600	4334140	CR MNT Unlisted Home Visit Service or procedure- NOS	-
98966	4334157	CR MNT Tel assessment 5-10 minutes of medical discussion.	69
98967	4334165	CR MNT Tel assessment 11-20 minutes of medical discussion	131
98968	4334173	CR MNT Tel assessment 21-30 minutes of medical discussion	193
98969	4334181	CR MNT Online assessment and management service pcommunications network.	114
99366	4334199	CR MNT Med team conf...with patient/family present, > 30 minutes.	209
99368	4334207	CR MNT Med team conf ...without the patient and/or family, > 30 minutes.	179
99401	4334215	CR MNT Preventative couns ...individual; 15 min.	184
99402	4334223	CR MNT Preventative couns ...individual; 30 min.	307
99403	4334231	CR MNT Preventative couns ...individual; 45 min.	428
99404	4334249	CR MNT Preventative couns ...individual, 60 min.	550
99411	4334256	CR MNT Preventative couns...group; 30 minutes.	88
99412	4334264	CR MNT Preventative couns...group; 60 minutes.	110
99487	4334272	CR MNT Comp chronic care...60 minutes per calendar month	453
99489	4334280	CR MNT Comp chronic care ...each additional 30 minutes per calendar month.	226
99490	4334298	CR MNT Chronic care management services, at least 20 minutes, per calendar month	205
98966	4341301	CR OT Tel assessment 5-10 minutes of medical discussion.	69
98967	4341319	CR OT Tel assessment 11-20 minutes of medical discussion	131
98968	4341327	CR OT Tel assessment 21-30 minutes of medical discussion	193
98969	4341335	CR OT Online assessment and management service pcommunications network.	114
99366	4341343	CR OT Med team conf...with patient/family present, > 30 minutes.	209
99368	4341350	CR OT Med team conf ...without the patient and/or family, > 30 minutes.	179
99401	4341368	CR OT Preventative couns ...individual; 15 min.	184
99402	4341376	CR OT Preventative couns ...individual; 30 min.	307
99403	4341384	CR OT Preventative couns ...individual; 45 min.	428
99404	4341392	CR OT Preventative couns ...individual, 60 min.	550
99411	4341400	CR OT Preventative couns...group; 30 minutes.	88
99412	4341418	CR OT Preventative couns...group; 60 minutes.	110
99487	4341426	CR OT Comp chronic care...60 minutes per calendar month	453
99489	4341434	CR OT Comp chronic care ...each additional 30 minutes per calendar month.	226
99490	4341442	CR OT Chronic care management services, at least 20 minutes, per calendar month	205
96116	4341459	CR OT Neurobehavioral Status Exam -thinking, reasoning, and judgment	428

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
97110	4341467	CR OT Therapeutic Procedure- exercise to develop strength and endurance, ROM and flexibility.	141
97530	4341475	CR OT Therapeutic Activities- dynamic activities to improve function	186
99366	4341483	CR OT Team Conference- with pt/family present	209
99368	4341491	CR OT Team Conference- without pt/family present	179
97150	4341509	CR OT Therapeutic Procedure (group)- 2 or more individuals	90
99600	4341517	CR OT Unlisted Home Visit Service or procedure- NOS	-
99505	4341525	CR OT Home visit for ADL Ax	124
99600	4341533	CR OT Unlisted Home Visit Service or procedure- NOS	-
97537	4341541	CR OT Community Work Integration Training	152
99600	4341558	CR OT Self Care Home Management Training	-
97535	4341566	CR OT Self Care Training	158
97035	4341574	CR OT Ultrasound	61
97032	4341582	CR OT E Stim attended	71
97014	4341590	CR OT E Stim Unattended	76
97124	4341608	CR OT Massage Therapy	141
97150	4341616	CR OT Therapeutic Procedure (group)- 2 or more individuals	90
97542	4341624	CR OT Wheelchair management (e.g. assessment, fitting, training), each 15 mins	154
98960	4341632	CR OT Educ & Train 30 minutes; individual patient.	136
98961	4341640	CR OT Educ & Train 30 minutes; 2-4 patients.	63
98962	4341657	CR OT Educ & Train 30 minutes; 5-8 patients.	45
99600	4341665	CR OT Unlisted Home Visit Service or procedure- NOS	-
99600	4343612	CR RN Unlisted Home Visit Service or procedure- NOS	-
98966	4343620	CR RN Tel assessment 5-10 minutes of medical discussion.	69
98967	4343638	CR RN Tel assessment 11-20 minutes of medical discussion	131
98968	4343646	CR RN Tel assessment 21-30 minutes of medical discussion	193
98969	4343653	CR RN Online assessment and management service pcommunications network.	114
99366	4343661	CR RN Med team conf...with patient/family present, > 30 minutes.	209
99368	4343679	CR RN Med team conf ...without the patient and/or family, > 30 minutes.	179
99401	4343687	CR RN Preventative couns ...individual; 15 min.	184
99402	4343695	CR RN Preventative couns ...individual; 30 min.	307
99403	4343703	CR RN Preventative couns ...individual; 45 min.	428
99404	4343711	CR RN Preventative couns ...individual, 60 min.	550
99411	4343729	CR RN Preventative couns...group; 30 minutes.	88
99412	4343737	CR RN Preventative couns...group; 60 minutes.	110
99487	4343745	CR RN Comp chronic care...60 minutes per calendar month	453

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
99489	4343752	CR RN Comp chronic care ...each additional 30 minutes per calendar month.	226
99490	4343760	CR RN Chronic care management services, at least 20 minutes, per calendar month	205
98960	4343778	CR RN Educ & Train 30 minutes; individual patient.	136
98961	4343786	CR RN Educ & Train 30 minutes; 2-4 patients.	63
98962	4343794	CR RN Educ & Train 30 minutes; 5-8 patients.	45
90791	4356010	Psychiatric diagnostic evaluation	613
90832	4356036	Psychotherapy, 30 minutes with patient and/or family member	297
90834	4356044	Psychotherapy, 45 minutes with patient and/or family member	398
90837	4356051	Psychotherapy, 60 minutes with patient and/or family member	680
90845	4356069	Psychoanalysis	455
90846	4356077	Family psychotherapy without the patient present	480
90847	4356085	Family psychotherapy, conjoint psychotherapy with the patient present	500
90849	4356093	Multiple-family group psychotherapy	179
90853	4356101	Group psychotherapy (other than of a multiple-family group)	120
90785	4356127	Add-on code to be used in conjunction with codes for primary service: psychiatric diagnostic evaluation (90791); psychotherapy (90832, 90834, 90837); and group psychotherapy (90853)	71
90839	4356143	Psychotherapy for crisis, first 60 minutes	664
90840	4356150	Add-on for each additional 30 minutes of psychotherapy for crisis, used in conjunction with code 90839	317
90863	4356176	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services; used only as add-on to primary psychotherapy code (90832, 90834, 90837)	136
	4444014	CO -COLPO ONLY	304
57454	4444022	CO -COLPO W BX &/OR ECC	697
57460	4444030	CO -COLPO W LEEP	1,288
	4444048	CO -EXAM W/WO PAP	304
	4444055	CO -SEXUAL ASSAULT EXAMS	279
46922	4444063	CO -LES DEST ANUS SMPL	1,243
56501	4444071	CO -LES DEST VULVA SMPLE	606
56515	4444089	CO -LES DEST VULVA EXT	1,043
57061	4444097	CO -LES DEST VAGINAL SMPL	524
57065	4444105	CO -LES DEST VAGINAL EXT	897
57500	4444113	CO -EXC LSN CERVIX	584
56605	4444121	CO -BX VULVA/PERINM 1 LES	377
92552	4545000	PURE TONE AUDIOMETRY AIR	145
92555	4545018	SP AUDIOMTRY THRESHOLD	110
92556	4545026	SP AUDIOMTRY THRESHOLD	175

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
92557	4545034	COMP THRESHOLD&REC'N COMB	173
69662	4545042	REV'N OF STAPEDECTOMY/STA	5,291
69420	4545059	INCISION OF EARDRUM	871
69421	4545067	INCISION OF EARDRUM	679
19281	4848032	MM GD NDL LOC 1ST LESION	1,104
	4848040	MAMMOGRAPHY-FINE NEED BIO	522
77053	4848057	MM DUCTOGRM SINGL	267
76098	4848065	MAMMO -X RAY OF SPECIMEN	78
	4848073	RECALL FOR CONE COMP/MAG	305
19000	4848099	MAMMO CYST ASPIRATN ONLY	517
77031	4848206	MAMMO -STEREO BREAST BX 1ST LESION	1,918
77031	4848248	MAMMO -STEREO EA LSN BRST	1,918
77032	4848255	MAMMO -GD EA LSN NDL BRST	523
	4848263	MAMMO -ADD CHRГ OUT NR HR	305
77065	4848529	MAMO-DIAG CAD UNILATERAL	619
77066	4848537	MAMO-DIAG CAD BILATERAL	782
77067	4848545	MAMO-BREAST CAD BILAT-2 VIEWS E/BRST	630
	5252002	RX -PHARMACY	-
	5252010	RETAIL SALE OF DRUGS	-
	5252036	RX -PENTAMINE INHALER	131
99070	3235389	FC STUMP SOCKS WOOL	22
99070	3235397	FC SUSPENSION SLEEVE BMI	131
J0173	5254198	RX -CEFTAZIDIME 1GM VIAL	6
99070	3235405	FC TES BELT	290
S0077	5254495	RX -CLINDAMYCIN 300MG VIAL	13
99070	3235413	FC WAIST BELT	94
J1580	5256078	RX -GENTAMICIN 80MG VIAL	6
99080	4242137	CT REPRODUCE ORIGINAL FIN	95
99505	4141446	OT Home visit for ADL Ax	-
	5260039	RX -ASPARAGINASE INJ 10MU (N/F)	134
	5260047	RX -AZACITIDINE INJ 100MG (N/F)	1,065
	5260062	RX -FULVESTRANT INJ 250MG/5ML	1,146
	5260070	RX -NITROGEN MUSTARD INJ 10MG (N/F)	31
	5260088	RX -OXALIPLATIN INJ 50MG (N/F)	221
	5260096	RX -TAXOL INJ 30MG (N/F)	103
99505	6341390	AH OT Home visit for ADL Ax	-
99601	6060206	HC -HYDRATN THPY < 2 HR	81
99601	6060222	HC -INFUSION < 2 HR	81
90283	5260351	RX -IV IMMUNOGLOBULIN 10MG VIAL	1,072
90284	5260369	RX -IV IMMUNO 10MG VIAL (BAXTER)	1,072

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
83891	1460252	LOS JAK2 GENOTYPR	
83900			554
J1745	5260385	RX -REMICADE 100MG VIAL	557
83891	1461763	LOS OBSTETRIC COMPLICATION ASSESSR	
83900			1,159
86631X2	1460435	LOS PNEUMONIA ATYPICAL ABS EVAL UR	792
A9505	2929792	RI -RADIOIS THAL 201 2MCI	313
J3487	5260427	RX -ZOMETA 5MG VIAL	1,136
A9505	2929800	RI -RADIOIS THAL 201 3MCI	394
A9524	2929701	RI -RADIOIS IOD 131 3MCI	142
A9524	2929719	RI -RADIOIS IOD 131 10MCI	282
	5300009	IMPLANT OR GENERAL	-
	5300017	IMPLANT OR ORTHOPAEDIC	-
	5300025	IMPLANT OR PLASTIC	-
	5300033	IMPLANT OR CARDIAC	-
	5300041	IMPLANT OR UROLOGY	-
	5300058	IMPLANT OR GYNAECOLOGY	-
	5300066	IMPLANT OR EYE	-
	5300074	IMPLANT OR ENT	-
	5300082	IMPLANT OR OTHER	-
	5300090	IMPLANT OR ENDOSCOPY	-
	5300108	IMPLANT OR PAIN MANAGEMENT	-
	5300116	IMPLANT OR DENTAL	-
	5300124	IMPLANT OR VASCULAR	-
	5300132	IMPLANT OR ANESTHETIST	-
	5300140	IMPLANT OR INTERVENTIONAL RAD	-
	5350004	SUPPLIES OR GENERAL	-
	5350012	SUPPLIES OR ORTHOPAEDIC	-
	5350020	SUPPLIES OR PLASTICS	-
	5350038	SUPPLIES OR CARDIAC	-
	5350046	SUPPLIES OR UROLOGY	-
	5350053	SUPPLIES OR GYNAECOLOGY	-
	5350061	SUPPLIES OR EYE	-
	5350079	SUPPLIES OR ENT	-
	5350087	SUPPLIES OR OTHER	-
	5350095	SUPPLIES OR ENDOSCOPY	-
	5350103	SUPPLIES OR PAIN MANAGEMENT	-
	5350111	SUPPLIES OR DENTAL	-
	5350129	SUPPLIES OR VASCULAR	-
	5350137	SUPPLIES OR ANESTHESIA	-
	5350145	SUPPLIES OR INTERVENTIONAL RAD	-

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	5454004	BK FINAL PROSTH-REGULAR	-
	5454012	BK FINAL PROSTH W/ALPHA LINER	-
	5454020	BK FINAL PROSTH-ICEROSS SYSTEM	-
	5454038	BK PROSTH-VITRATHENE SOCKET	-
	5454046	BK FINAL PROSTH W/ARTICULAT FOOT	-
	5454053	BK PROSTH-TEMPORARY INTERMEDIATE	-
	5454061	BK PROSTH W/SEATTLE FOOT	-
	5454079	PROSTHESIS-BECKER HAND	-
	5454087	AK PROSTH-VITRATHENE SOCKET COMPLET	-
	5454095	AK PROSTH-TEMPORARY ADJUSTABLE	-
	5454103	AK PROSTHESIS FINAL	-
	5454111	FOOT PROSTHESIS	-
	5454129	PARTIAL HAND PROSTHESIS	-
	5454137	LC -PROSTH TRAIN EA 15M	-
		<b>Prosthetic items will be charged according to landed cost plus 50% mark-up</b>	
	5555008	IV -KOGENATE 1 VIAL	690
36430	5555016	IV -BLD TRANSFUSN / DAY	162
96365	5555024	IV -INFUSION FIRST HRLOOD	333
	5555032	IV-IMMUNOGLOBULIN MONTHLY	95
94642	5555040	IV -PENTAMIDINE AEROSOL	207
99211	5555065	IV -FLUSHING / DRSG ONLY	99
36591	5555073	IV DRAW BLOOD OFF VENOUS DEVICE	110
99211	5555081	IV -VAD / DRESSING CHGRES	99
	5555099	IV-EDUCATION & COUNSELL	85
	5555115	IV - MISC OP DRUG/MED	-
	5555206	IV -REMICADE 100 MG	95
90834	5656012	CMH - PSYCHOTHERAPY 45 MINS W/PATIENT - REFERRAL COUNSELLING	398
90834	5656020	CMH - PSYCHOTHERAPY 45 MINS W/PATIENT - NEW PATIENT	398
A9524	2929727	RI -RADIOIS IOD 131 15MCI	183
90836	5656046	CMH PSYCHOTHERAPY 45 MINS W/PATIENT E&M AND TRIAGE NEW PTS	391
90834	5656103	CMH - PSYCHOTHERAPY 45 MINS W/PATIENT COURT SERVICES INITIAL VISIT	398
90834	5656111	CMH- PSYCHOTHERAPY 45 MINS W/PATIENT- COURT SERVICES FOLLOW-UP	398
90834	5656129	CMH-PSYCHOTHERAPY 45 MINS W/PATIENT- COURT SERVICES DOCUMENTATION	398
90834	5800008	RCS - PSYCHOTHERAPY 45 MINS W/PATIENT - REFERRAL COUNSELLING	398

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
90832	5800016	RCS- PSYCHOTHERAPY 30 MINS W/PATIENT - PROFESSIONAL FEES	297
90834	5800024	RCS - PSYCHOTHERAPY 45 MINS W/PATIENT - HOME VISITS	398
90832	5800032	RCS- PSYCHOTHERAPY 30 MINS W/PATIENT - ISSUE ORAL & INTRA-MUSCULAR MEDS	297
94618	6025704	PULMONARY STRESS TEST SIMPLE	157
	6060008	HC ULCER/WOUND W/LASER	259
G0154	6060016	HC ULCER/WOUND CARE COMP	223
	6060024	HC DRESSING CHNG INCL BURNS NORMAL	100
	6060032	HC DRESSING CHNG-INC BURNS W/LASER	167
	6060040	HC DRESS CHANGE -W/VENOUS DEVICES	155
	6060057	HC STUMP CARE	174
99505	6060065	HC OSTOMY CARE	124
99601	6060073	HC TPN ADMIN < 2 HRON	243
A9524	2929735	RI -RADIOIS IOD 131 20MCI	226
99506	6060099	HC -IM / SUBQ INJECTNTRAT	81
99509	6060107	HC -ASSIST ADL/PERSN CARE	81
	6060115	HHC-STROKE REHAB SPEECH THERAPY	87
	6060123	HHC-FOLLOW UP VISIT	54
A9524	2929743	RI -RADIOIS IOD 131 25MCI	238
99507	6060156	HC -CATHETER CAREAC) THPY	81
99511	6060164	HC -FECAL EMPACT/MGMNT	81
A9524	2929750	RI -RADIOIS IOD 131 30MCI	242
B4216	5260336	RX -HOME TPN 3-IN-1 VS 2-IN-1	1,072
D7220	7703804	OR-REM OF IMPA TOOTH ST	771
	6060248	HC -MISC OP DRUG/MED	-
D7230	7703812	OR-REM OFIMP TOOTH P/BONY	771
97605	6060263	HC-VACUUM ASST CLOSURE TT	202
99600	6068027	Unlisted Home Visit Service or procedure- NOS	-
97150	6068035	Therapeutic Procedure (group)- 2 or more individuals	84
98966	6068043	Tel assessment 5-10 minutes of medical discussion.	65
98967	6068050	Tel assessment 11-20 minutes of medical discussion	123
98968	6068068	Tel assessment 21-30 minutes of medical discussion	181
98969	6068076	Online assessment and management service pcommunications network.	107
99366	6068084	Med team conf...with patient/family present, > 30 minutes.	196
99368	6068092	Med team conf ...without the patient and/or family, > 30 minutes.	168
99401	6068100	Preventative couns ...individual; 15 min.	173
99402	6068118	Preventative couns ...individual; 30 min.	288
99403	6068126	Preventative couns ...individual; 45 min.	401
99404	6068134	Preventative couns ...individual, 60 min.	516

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
99411	6068142	Preventative couns...group; 30 minutes.	82
99412	6068159	Preventative couns...group; 60 minutes.	103
99487	6068167	Comp chronic care...60 minutes per calendar month	425
99489	6068175	Comp chronic care ...each additional 30 minutes per calendar month.	212
99490	6068183	Chronic care management services, at least 20 minutes, per calendar month	192
99600	6060271	HC Unlisted Home Visit Service or procedure- NOS	-
98966	6060289	HC Tel assessment 5-10 minutes of medical discussion.	65
98967	6060297	HC Tel assessment 11-20 minutes of medical discussion	123
98968	6060305	HC Tel assessment 21-30 minutes of medical discussion	181
98969	6060313	HC Online assessment and management service pcommunications network.	107
99366	6060321	HC Med team conf...with patient/family present, > 30 minutes.	196
99368	6060339	HC Med team conf ...without the patient and/or family, > 30 minutes.	168
99401	6060347	HC Preventative couns ...individual; 15 min.	173
99402	6060354	HC Preventative couns ...individual; 30 min.	288
99403	6060362	HC Preventative couns ...individual; 45 min.	401
99404	6060370	HC Preventative couns ...individual, 60 min.	516
99411	6060388	HC Preventative couns...group; 30 minutes.	82
99412	6060396	HC Preventative couns...group; 60 minutes.	103
99487	6060404	HC Comp chronic care...60 minutes per calendar month	425
99489	6060412	HC Comp chronic care ...each additional 30 minutes per calendar month.	212
99490	6060420	HC Chronic care management services, at least 20 minutes, per calendar month	192
98960	6060438	HC Educ & Train 30 minutes; individual patient.	128
98961	6060446	HC Educ & Train 30 minutes; 2-4 patients.	63
98962	6060453	HC Educ & Train 30 minutes; 5-8 patients.	45
92521	6040000	HC SP EVALUATION OF SPEECH FLUENCY	522
92507	6040018	HC SP TX SL VOICE COM AUD PRO PED 15M	359
92507	6040026	HC SP TX SL VOICE COM AUD PRO ADLT 15M	359
92526	6040034	HC SP TX SWAL DYSFX ORALFX FEED PED15M	393
92609	6040042	HC SP TRAIN W/SPCH DEVICE 15 MIN	503
92507	6040059	HC SP TX SL VOICE COM EXPR/REC 15 MIN	359
92507	6040067	HC SP TX AUDITORY PROCESS 15 MIN	359
97127	6040075	HC SP COG SKILL DEV TRAIN 15 MIN	54
92606	6040083	HC SP EVAL LANG VOICE COM AUD PRO 15M	380
92610	6040091	HC SP EVAL FUNCTIONAL SWALLOW	393
92611	6040109	HC SP EVAL FLUOROSCOPIC SWALLOW	401



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
96105	6040117	HC SP AX APHASIA EXPRESS RECPT SL 1 HR	496
92526	6040125	HC SP TX SWAL DYSFX,ORL FEED,ADLT 15MN	393
96116	6040133	HC SP Neurobehavioral Status Exam -thinking, reasoning, and judgment	428
97110	6040141	HC SP Therapeutic Procedure- exercise to develop strength and endurance, ROM and flexibility.	141
97530	6040158	HC SP Therapeutic Activities- dynamic activities to improve function	186
99366	6040166	HC SP Team Conference- with pt/family present	196
99368	6040174	HC SP Team Conference- without pt/family present	168
97150	6040182	HC SP Therapeutic Procedure (group)- 2 or more individuals	84
99600	6040190	HC SP Unlisted Home Visit Service or procedure- NOS	-
98966	6040208	HC SP Tel assessment 5-10 minutes of medical discussion.	65
98967	6040216	HC SP Tel assessment 11-20 minutes of medical discussion	123
98968	6040224	HC SP Tel assessment 21-30 minutes of medical discussion	181
98969	6040232	HC SP Online assessment and management service pcommunications network.	107
99366	6040240	HC SP Med team conf...with patient/family present, > 30 minutes.	196
99368	6040257	HC SP Med team conf ...without the patient and/or family, > 30 minutes.	168
99401	6040265	HC SP Preventative couns ...individual; 15 min.	173
99402	6040273	HC SP Preventative couns ...individual; 30 min.	288
99403	6040281	HC SP Preventative couns ...individual; 45 min.	401
99404	6040299	HC SP Preventative couns ...individual, 60 min.	516
99411	6040307	HC SP Preventative couns...group; 30 minutes.	82
99412	6040315	HC SP Preventative couns...group; 60 minutes.	103
99487	6040323	HC SP Comp chronic care...60 minutes per calendar month	425
99489	6040331	HC SP Comp chronic care ...each additional 30 minutes per calendar month.	212
99490	6040349	HC SP Chronic care management services, at least 20 minutes, per calendar month	192
97150	6025001	HC PT Therapeutic Procedure (group)- 2 or more individuals	84
99600	6025019	HC PT Unlisted Home Visit Service or procedure- NOS	-
97535	6025027	HC PT Self-care/home management training- ADL's and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment	158
98966	6025035	HC PT Tel assessment 5-10 minutes of medical discussion.	65
98967	6025043	HC PT Tel assessment 11-20 minutes of medical discussion	123
98968	6025050	HC PT Tel assessment 21-30 minutes of medical discussion	181
98969	6025068	HC PT Online assessment and management service pcommunications network.	107

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
99366	6025076	HC PT Med team conf...with patient/family present, > 30 minutes.	196
99368	6025084	HC PT Med team conf ...without the patient and/or family, > 30 minutes.	168
99401	6025092	HC PT Preventative couns ...individual; 15 min.	173
99402	6025100	HC PT Preventative couns ...individual; 30 min.	288
99403	6025118	HC PT Preventative couns ...individual; 45 min.	401
99404	6025126	HC PT Preventative couns ...individual, 60 min.	516
99411	6025134	HC PT Preventative couns...group; 30 minutes.	82
99412	6025142	HC PT Preventative couns...group; 60 minutes.	103
99487	6025159	HC PT Comp chronic care...60 minutes per calendar month	425
99489	6025167	HC PT Comp chronic care ...each additional 30 minutes per calendar month.	212
99490	6025175	HC PT Chronic care management services, at least 20 minutes, per calendar month	192
97110	6025191	HC PT THERAPEUT EXER 15 MINUTES	141
97116	6025209	HC PT GAIT TRAINING 15 MINUTES	139
95831	6025217	HC PT MUSCLE GRADING 1 LIMB 15 MIN	150
97035	6025225	HC PT ULTRASOUND 15 MINUTES	61
97032	6025233	HC PT ELECTR STIM 15 MINUTES	71
97010	6025241	HC PT HOT PACKS 15 MINUTES	29
97010	6025258	HC PT ICE PACKS 15 MINUTES	29
95831	6025266	HC PT MUSCLE GRADING 2-4 LIMBS 15 MIN	150
97763	6025274	HC PT PROSTHETIC REVIEW 15 MINUTES	221
94667	6025282	HC PT CHEST PHYSIO INITIAL 15 MINUTES	123
97140	6025290	HC PT MOBILIZATION 15 MINUTES	128
97140	6025308	HC PT FRIC/MASSAGE/MYOFASCI REL 15 MIN	128
29799	6025316	HC PT TAPING 15 MINUTES	96
E0112	6025324	HC PT SUPPL CRUTCHES	36
E0100	6025332	HC PT SUPPL CANES	13
E0111	6025340	HC PT SUPPL ELBOW CRUTCHES	283
D7240	7703820	OR-REM OF IMPAC TOOTH C/B	771
D7241	7703846	OR-REM OF IMPA TOOTH S/C	771
	6025373	HC PT ULCERS CARE 15 MINUTES	85
96154	6025381	HC PT PATIENT INSTRUCTION 15 MINUTES	91
D7250	7703853	OR-REM OF RESID T/ROOTS	771
97161	6025407	HC PT ASSESSMENT FEE	385
97161	6025415	HC PT INITL EVAL SIMPLE 15 MINUTES	385
97161	6025423	HC PT INITL EVAL MODERATE 15 MINUTES	385
97161	6025431	HC PT INITL EVAL COMPLEX 15 MINUTES	385
97162	6025449	HC PT RE EVAL SIMPLE 15 MINUTES	385
97162	6025456	HC PT RE EVAL MODERATE 15 MINUTES	385

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
97162	6025464	HC PT RE EVAL COMPLEX 15 MINUTES	385
97763	6025472	HC PT REV ORTH/PROS 15 MINUTES	221
95831	6025480	HC PT MUSCLE TESTNG MANUAL 15 MINUTES	150
95851	6025498	HC PT ROM EA EXTREM 15 MINUTES	92
97012	6025506	HC PT TRACTION MECH 15 MINUTES	68
97034	6025514	HC PT CONTRAST BATHS 15 MINUTES	70
97112	6025522	HC PT NEUROMUSC RE ED 15 MINUTES	160
97124	6025530	HC PT MASSAGE 15 MINUTES	141
97140	6025548	HC PT MANUAL THERAPY 15 MINUTES	128
97760	6025555	HC PT ORTH FIT/TRAIN 15 MINUTES	215
97761	6025563	HC PT PROSTH FIT/TRAIN 15 MINUTES	186
94060	6025571	HC PT PRE/POST LUNG FUNCT TEST 15 MIN	278
94150	6025589	HC PT PEAK FLOW 15 MINUTES	118
94668	6025597	HC PT CHEST PHYSIO SUBSEQUENT 15 MIN	147
29799	6025605	HC PT STRAPPING LOWER BACK 15 MINUTES	96
29240	6025613	HC PT STRAPPING SHOULDER 15 MINUTES	139
29260	6025621	HC PT STRAPPING ELBOW/WRIST 15 MINUTES	137
29280	6025639	HC PT STRAPPING HAND/FINGR 15 MINUTES	139
29520	6025647	HC PT STRAPPING HIP 15 MINUTES	152
29530	6025654	HC PT STRAPPING KNEE 15 MINUTES	137
29540	6025662	HC PT STRAPPING ANKLE 15 MINUTES	121
29550	6025670	HC PT STRAPPING TOES 15 MINUTES	87
97802	6034003	HC MNT INITIAL AX INTERVENT FA TO FA	158
97803	6034011	HC MNT REAX INTERVENT FACE TO FACE	137
97804	6034029	HC MNT DIET GROUP THERAPY 30 MINUTE	73
98960	6034037	HC MNT Educ & Train 30 minutes; individual patient.	128
98961	6034045	HC MNT Educ & Train 30 minutes; 2-4 patients.	63
98962	6034052	HC MNT Educ & Train 30 minutes; 5-8 patients.	45
99600	6034060	HC MNT Unlisted Home Visit Service or procedure- NOS	-
98966	6034078	HC MNT Tel assessment 5-10 minutes of medical discussion.	65
98967	6034086	HC MNT Tel assessment 11-20 minutes of medical discussion	123
98968	6034094	HC MNT Tel assessment 21-30 minutes of medical discussion	181
98969	6034102	HC MNT Online assessment and management service pcommunications network.	107
99366	6034110	HC MNT Med team conf...with patient/family present, > 30 minutes.	196
99368	6034128	HC MNT Med team conf ...without the patient and/or family, > 30 minutes.	168
99401	6034136	HC MNT Preventative couns ...individual; 15 min.	173
99402	6034144	HC MNT Preventative couns ...individual; 30 min.	288
99403	6034151	HC MNT Preventative couns ...individual; 45 min.	401

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
99404	6034169	HC MNT Preventative couns ...individual, 60 min.	516
99411	6034177	HC MNT Preventative couns...group; 30 minutes.	82
99412	6034185	HC MNT Preventative couns...group; 60 minutes.	103
99487	6034193	HC MNT Comp chronic care...60 minutes per calendar month	425
99489	6034201	HC MNT Comp chronic care ...each additional 30 minutes per calendar month.	212
99490	6034219	HC MNT Chronic care management services, at least 20 minutes, per calendar month	192
99505	6041008	HC OT Home visit for ADL Ax	124
99600	6041016	HC OT Unlisted Home Visit Service or procedure- NOS	-
97537	6041024	HC OT Community Work Integration Training	152
99600	6041032	HC OT Self Care Home Management Training	-
97535	6041040	HC OT Self Care Training	158
97035	6041057	HC OT Ultrasound	61
97032	6041065	HC OT E Stim attended	71
97014	6041073	HC OT E Stim Unattended	71
97124	6041081	HC OT Massage Therapy	141
97150	6041099	HC OT Therapeutic Procedure (group)- 2 or more individuals	84
97542	6041107	HC OT Wheelchair management (e.g. assessment, fitting, training), each 15 mins	154
98966	6041115	HC OT Tel assessment 5-10 minutes of medical discussion.	65
98967	6041123	HC OT Tel assessment 11-20 minutes of medical discussion	123
98968	6041131	HC OT Tel assessment 21-30 minutes of medical discussion	181
98969	6041149	HC OT Online assessment and management service pcommunications network.	107
99366	6041156	HC OT Med team conf...with patient/family present, > 30 minutes.	196
99368	6041164	HC OT Med team conf ...without the patient and/or family, > 30 minutes.	168
99401	6041172	HC OT Preventative couns ...individual; 15 min.	173
99402	6041180	HC OT Preventative couns ...individual; 30 min.	288
99403	6041198	HC OT Preventative couns ...individual; 45 min.	401
99404	6041206	HC OT Preventative couns ...individual, 60 min.	516
99411	6041214	HC OT Preventative couns...group; 30 minutes.	82
99412	6041222	HC OT Preventative couns...group; 60 minutes.	103
99487	6041230	HC OT Comp chronic care...60 minutes per calendar month	425
99489	6041248	HC OT Comp chronic care ...each additional 30 minutes per calendar month.	212
99490	6041255	HC OT Chronic care management services, at least 20 minutes, per calendar month	192
97110	6041263	HC OT THERAPEUTIC EXCERCISE 15 MIN	141
97535	6041271	HC OT ADL TRAIN 1 ON 1 15 MIN	158

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
97127	6041289	HC OT COG COMPENS TRAIN 15 MIN	54
97112	6041297	HC OT PERCEPTUAL MHC OTOR 15 MIN	160
97530	6041305	HC OT UPPER LIMB REMEDIATION 15 MIN	186
	6041313	HC OT SPLINT FABRICATION 15 MIN	96
97755	6041321	HC OT ADAPTIVE EQUIPMENT 15 MIN	179
96152	6041339	HC OT PT EDUCATION 15 MIN	94
97530	6041347	HC OT VOCATIONAL RETRAINING 15 MIN	186
95832	6041354	HC OT HAND MUSCLE ROM TEST	149
97530	6041362	HC OT HAND THERAPY 15 MIN	186
97163	6041370	HC OT INITL EVAL SIMPL 15 MINUTES	385
97163	6041388	HC OT INITL EVAL MOD 15 MINUTES	385
97163	6041396	HC OT INITL EVAL COMPLEX 15 MINUTES	385
97164	6041404	HC OT RE EVAL SIMPLE 15 MINUTES	260
97164	6041412	HC OT RE EVAL MODERATE 15 MINUTES	260
97164	6041420	HC OT RE EVAL COMPLEX 15 MINUTES	260
97010	6041438	HC OT HHC OT PACKS 15 MINUTES	29
97010	6041446	HC OT ICE PACKS 15 MINUTES	29
97018	6041453	HC OT WAX BATH 15 MINUTES	40
97022	6041461	HC OT WHIRLPOOL BATH 15 MINUTES	87
97039	6041479	HC OT UNLISTED MOD 15 MIN	84
97110	6041487	HC OT THERAP EXERC 15 MIN	141
97112	6041495	HC OT NEUROMUSC RE ED 15 MIN	160
97124	6041503	HC OT MASSAGE 15 MIN	141
97760	6041511	HC OT ORTH FIT/TRAIN 15 MIN	215
97761	6041529	HC OT PROSTH FIT/TRAIN 15 MIN	186
97530	6041537	HC OT THERAPEUT ACTIVITY 15 MIN	186
97533	6041545	HC OT SENSORY INTEGRATION 15 MIN	157
97537	6041552	HC OT COMM/WORK REINTEG TRAIN 15 MIN	152
97542	6041560	HC OT WHEELCHAIR AX TRAIN 15 MIN	154
97545	6041578	HC OT WORK HARD CONDITION INTL 2 HR	689
97546	6041586	HC OT WORK HARD CONDITION EA ADL HR	275
90853	6237044	TP -PSYCHOTHERAPY ANGER MGMT GROUP P/PATIENT P/ SESSION	120
90832	6237077	TP -PSYCHOTHERAPY 30 MINS W/PATIENT - OP DETOX PER SESSION	297
90853	6237101	TP -PSYCHOTHERAPY GRP THERAPY PROGRAMS) P/ PATIENT P/ SESSION	120
90846	6237150	TP -PSYCHOTHERAPY FAMILY THERAPY W/O PA	480
90853	6237168	TP -PSYCHOTHERAPY MULTIPLE-FAMILY GROUP P/PATIENT P/ SESSION	120

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
90834	6237176	TP- PSYCHOTHERAPY 45 MINS W/PATIENT E&M AND TRIAGE NEW PTS	398
90834	6237192	TP - PSYCHOTHERAPY 45 MINS W/PATIENT- PHYSICIAN & SOCIAL WORKER	398
	6237218	TP -METHADONE MAINT	275
97810	6325609	AH PT Accupuncture, 1 or more needles; without electrical stimulation; initial 15 mins of personal one-on-one contact with the patient	178
97811	6325617	AH PT Accupuncture, without electrical stimulation; each additional 15 mins of personal one-on-one contact with the patient with re-insertion of needles	134
97813	6325625	AH PT Accupuncture, with electrical stimulation; initial 15 mins of personal one-on-one contact with the patient	190
97814	6325633	AH PT Accupuncture, with electrical stimulation; each additional 15 mins of personal one-on-one contact with the patient with re-insertion of needles	152
97150	6325641	AH PT Therapeutic Procedure (group)- 2 or more individuals	90
99600	6325658	AH PT Unlisted Home Visit Service or procedure- NOS	-
G0108	3337243	DB -DIABETES ED (1:1) 30M	75
98966	6325674	AH PT Tel assessment 5-10 minutes of medical discussion.	69
98967	6325682	AH PT Tel assessment 11-20 minutes of medical discussion	131
98968	6325690	AH PT Tel assessment 21-30 minutes of medical discussion	193
98969	6325708	AH PT Online assessment and management service pcommunications network.	114
99366	6325716	AH PT Med team conf...with patient/family present, > 30 minutes.	209
99368	6325724	AH PT Med team conf ...without the patient and/or family, > 30 minutes.	179
99401	6325732	AH PT Preventative couns ...individual; 15 min.	184
99402	6325740	AH PT Preventative couns ...individual; 30 min.	307
99403	6325757	AH PT Preventative couns ...individual; 45 min.	428
99404	6325765	AH PT Preventative couns ...individual, 60 min.	550
99411	6325773	AH PT Preventative couns...group; 30 minutes.	88
99412	6325781	AH PT Preventative couns...group; 60 minutes.	110
99487	6325799	AH PT Comp chronic care...60 minutes per calendar month	453
99489	6325807	AH PT Comp chronic care ...each additional 30 minutes per calendar month.	226
99490	6325815	AH PT Chronic care management services, at least 20 minutes, per calendar month	205
94618	6325823	AH PT Pulmonary stress testing simple (eg 6-minute walk test prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)	167
98960	6334080	AH MNT Educ & Train 30 minutes; individual patient.	136

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
G0154	6060081	HC -LAB CHARGE	296
G0154	6060131	HC -ULCER/WOUND CARE SIMP	168
99600	6334122	AH MNT Unlisted Home Visit Service or procedure- NOS	-
98966	6334130	AH MNT Tel assessment 5-10 minutes of medical discussion.	69
98967	6334148	AH MNT Tel assessment 11-20 minutes of medical discussion	131
98968	6334155	AH MNT Tel assessment 21-30 minutes of medical discussion	193
98969	6334163	AH MNT Online assessment and management service pcommunications network.	114
99366	6334171	AH MNT Med team conf...with patient/family present, > 30 minutes.	209
99368	6334189	AH MNT Med team conf ...without the patient and/or family, > 30 minutes.	179
99401	6334197	AH MNT Preventative couns ...individual; 15 min.	184
99402	6334205	AH MNT Preventative couns ...individual; 30 min.	307
99403	6334221	AH MNT Preventative couns ...individual; 45 min.	428
99404	6334239	AH MNT Preventative couns ...individual, 60 min.	550
99411	6334247	AH MNT Preventative couns...group; 30 minutes.	88
99412	6334254	AH MNT Preventative couns...group; 60 minutes.	110
99487	6334262	AH MNT Comp chronic care...60 minutes per calendar month	453
99489	6334270	AH MNT Comp chronic care ...each additional 30 minutes per calendar month.	226
99490	6334288	AH MNT Chronic care management services, at least 20 minutes, per calendar month	205
G0154	6060255	HC -SKILL HH RN EA 15M	54
J0290	5253596	RX -AMPICILLIN 500MG VIAL	2
J0295	5260419	RX -UNASYN 1.5GM VIAL	23
99366	6340152	AH SP Team Conference- with pt/family present	209
99368	6340160	AH SP Team Conference- without pt/family present	179
97150	6340178	AH SP Therapeutic Procedure (group)- 2 or more individuals	90
99600	6340186	AH SP Unlisted Home Visit Service or procedure- NOS	-
98966	6340194	AH SP Tel assessment 5-10 minutes of medical discussion.	69
98967	6340202	AH SP Tel assessment 11-20 minutes of medical discussion	131
98968	6340210	AH SP Tel assessment 21-30 minutes of medical discussion	193
98969	6340228	AH SP Online assessment and management service pcommunications network.	114
99366	6340236	AH SP Med team conf...with patient/family present, > 30 minutes.	209
99368	6340244	AH SP Med team conf ...without the patient and/or family, > 30 minutes.	179
99401	6340251	AH SP Preventative couns ...individual; 15 min.	184
99402	6340269	AH SP Preventative couns ...individual; 30 min.	307
99403	6340277	AH SP Preventative couns ...individual; 45 min.	428

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
99404	6340285	AH SP Preventative couns ...individual, 60 min.	550
99411	6340301	AH SP Preventative couns...group; 30 minutes.	88
99412	6340319	AH SP Preventative couns...group; 60 minutes.	110
99487	6340327	AH SP Comp chronic care...60 minutes per calendar month	453
99489	6340335	AH SP Comp chronic care ...each additional 30 minutes per calendar month.	226
99490	6340343	AH SP Chronic care management services, at least 20 minutes, per calendar month	205
J0561	5260377	RX -PENICILLIN G (5MU) VIAL	10
99600	6341408	AH OT Unlisted Home Visit Service or procedure- NOS	-
J0690	5254172	RX -CEFAZOLIN 1GM VIAL	4
J0696	5254214	RX -CEFTRIAXONE 1GM VIAL	23
J1020	7104466	OR -INJ METHYLPR AC 20 MG	1,086
J1030	7104474	OR -INJ METHYLPR AC 40 MG	1,086
J1040	7104482	OR -INJ METHYLPR AC 80 MG	1,086
97014	6341465	AH OT E Stim Unattended	76
J1335	5260328	RX -ERTAPENEM 500MG VIAL	34
97150	6341481	AH OT Therapeutic Procedure (group)- 2 or more individuals	90
J1655	5260435	RX -TINZAPARIN 10000 UNITS	12
98966	6341507	AH OT Tel assessment 5-10 minutes of medical discussion.	69
98967	6341515	AH OT Tel assessment 11-20 minutes of medical discussion	131
98968	6341523	AH OT Tel assessment 21-30 minutes of medical discussion	193
98969	6341531	AH OT Online assessment and management service pcommunications network.	114
99366	6341549	AH OT Med team conf...with patient/family present, > 30 minutes.	209
99368	6341556	AH OT Med team conf ...without the patient and/or family, > 30 minutes.	179
99401	6341564	AH OT Preventative couns ...individual; 15 min.	184
99402	6341572	AH OT Preventative couns ...individual; 30 min.	307
99403	6341580	AH OT Preventative couns ...individual; 45 min.	428
99404	6341598	AH OT Preventative couns ...individual, 60 min.	550
99411	6341606	AH OT Preventative couns...group; 30 minutes.	88
99412	6341614	AH OT Preventative couns...group; 60 minutes.	110
99487	6341622	AH OT Comp chronic care...60 minutes per calendar month	453
99489	6341630	AH OT Comp chronic care ...each additional 30 minutes per calendar month.	226
99490	6341648	AH OT Chronic care management services, at least 20 minutes, per calendar month	205
J1655	5260443	RX -TINZAPARIN 14000 UNITS	16
J1655	5260450	RX -TINZAPARIN 18000 UNITS	20
J1756	5260344	RX -IRON VENOFER 100MG VIAL	18



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
90837	6363063	Psychotherapy, 60 minutes with patient and/or family member	636
90845	6363071	Psychoanalysis	455
J2185	5257258	RX -MEROPENUM 500MG VIAL	24
J2543	5260401	RX -TAZOCIN(PIPERACILLIN/TAZOBACTAM	8
90849	6363105	Multiple-family group psychotherapy	179
J2700	5254628	RX -CLOXACILLIN 500MG VIAL	2
90785	6363121	Add-on code to be used in conjunction with codes for primary service: psychiatric diagnostic evaluation (90791); psychotherapy (90832, 90834, 90837); and group psychotherapy (90853)	71
90839	6363139	Psychotherapy for crisis, first 60 minutes	664
90840	6363147	Add-on for each additional 30 minutes of psychotherapy for crisis, used in conjunction with code 90839	317
99600	6363154	Unlisted Home Visit Service or procedure- NOS	-
97150	6363162	Therapeutic Procedure (group)- 2 or more individuals	90
98966	6363170	Tel assessment 5-10 minutes of medical discussion.	69
98967	6363188	Tel assessment 11-20 minutes of medical discussion	131
98968	6363196	Tel assessment 21-30 minutes of medical discussion	193
98969	6363204	Online assessment and management service pcommunications network.	114
99366	6363212	Med team conf...with patient/family present, > 30 minutes.	209
99368	6363220	Med team conf ...without the patient and/or family, > 30 minutes.	179
99401	6363238	Preventative couns ...individual; 15 min.	184
99402	6363246	Preventative couns ...individual; 30 min.	307
99403	6363253	Preventative couns ...individual; 45 min.	428
99404	6363261	Preventative couns ...individual, 60 min.	550
99411	6363279	Preventative couns...group; 30 minutes.	88
99412	6363287	Preventative couns...group; 60 minutes.	110
99487	6363295	Comp chronic care...60 minutes per calendar month	453
99489	6363303	Comp chronic care ...each additional 30 minutes per calendar month.	226
99490	6363311	Chronic care management services, at least 20 minutes, per calendar month	205
99151	6660872	PED- SEDATION	356
96372	6666036	PED THER/PROPH/DIAG INJ SC/IM	94
51701	6666044	PED -CATH FOR URINE COLL	218
36430	6666093	PED -BLD TRANSFUSION	162
	6666101	PED -SWEAT CHLORIDE TESTI	264
	6666200	PED -MISC OP DRUG/MED	-
96365	6666002	PED -IV INFUSION FIRST HR	333
96365	6666028	PED -IV THERAPY IMMUNOGL	333
96365	6666085	PED -IV THPY KOGENAT 1VIA	333

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
96365	6910004	O/P INFUSION INIT HOURUR	333
96366	5555107	IV -INFUSION EA ADL HR	100
96366	6666010	PED -IV INFUSN EA ADL HR	100
96366	6911002	OP INFU CLN - EACH ADD HR	100
75820	6767255	XRS -VENOGRM EXT UNIL S&I	529
75822	6767263	XRS -VENOGRM EXT BIL S&I	621
74420	6767404	XRS -UROGRAPHY, RETRO	538
72240	6767438	XRS -MYELOGRM CERV S&I	448
72255	6767446	XRS -MYELOGRM THOR S&I	449
72265	6767453	XRS -MYELOGRM LUMB S&I	420
72270	6767461	XRS -MYELOGRM SPINAL S&I	585
74450	6767479	XRS -+INJ U'CYSTOGRM	330
74455	6767487	XRS -+INJ VOID U'CYSTOGRM	377
74430	6767495	XRS -CYSTOGRM S&I	175
74455	6767503	XRS-URETHROCYSTOGRAM VOID	377
74485	6767578	XRS -NEPHROSTOMY DILATN	424
58340	6767602	XRS-INJ CONT FOR HYSTEROS	550
74740	6767610	XRS -HYSTEROSALPINGOGRAM	341
70390	6767644	XRS -SIALOGRM S&I	430
76080	6767982	XRS -SINOGRAM OR FISTULOG	251
73040	6768071	XRS -ARTHROGRAM SHOULDER	462
	6780019	XRS -ANGIOGRAPHY	644
	6780027	XRS -VARICOCELE EMBOLISAT	1,984
	6780043	XRS -BILARY STENT	1,429
74425	6780050	XRS -NEPHROSTOMY	299
	6780068	XRS -GUT-CYSTO VOID/STR	414
	6780076	XRS -RENAL ANGIOPLASTY	1,739
	6780084	XRS -IVC FILTER-INFERIOR VENA	2,133
75705	6780126	XRS -ANGIOG SPINAL SELECT	1,159
75710	6780134	XRS -ANGIOG EXTREMIT UNIL	787
75716	6780142	XRS -ANGIOG EXTREMIT BILA	894
36252	6780167	XRS ANGIO RENAL ARTERY 1ST ORDER OR HIGHER BRANCHES BIL	6,858
75726	6780175	XRS -ANGIOG VISCERAL SELE	682
75736	6780183	XRS -ANGIOG PELVIC SELECT	731
75741	6780191	XRS -ANGIOG PULMONARY UNI	685
75743	6780209	XRS -ANGIOG PULMONARY BIL	771
75774	6780217	XRS -ANGIOG EA ADD VESSEL	396
75790	6780225	XRS -ANGIOG ARTERIOV SHUN	644
74363	6780282	XRS -PTC	559
47533	6780308	PLMT BILIARY DRAINAGE CATH	5,660

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
73580	6780340	XRS -ARTHROGRAM KNEE	535
73525	6780357	XRS -ARTHROGRAM HIP	472
75820	6780365	XRS -VENOGRAM EXT UNILAT	529
75822	6780373	XRS -VENOGRAM EXT BILATE	621
74425	6780381	XRS -UROGRAPHY ANTEGRADE	299
74420	6780399	XRS -UROGRAPHY RETROGRADE	538
73615	6780407	XRS -ARTHROGRAM ANKLE	488
73085	6780415	XRS -ARTHROGRAM ELBOW	438
73115	6780423	XRS -ARTHROGRAM WRIST	488
20501	6780431	XRS FSLGM DX INJ SIN T XR	542
23350	6780449	XRS ARTHO SHLDR INJ FR SHLDER XRY	598
24220	6780456	XRS ARTHO ELBOW INJ FR ELBOW XRAY	723
25246	6780464	XRS ARTHO, WRIST INJ FOR WRIST XRAY	742
27093	6780472	XRS ARTHO HIP INJ FOR HIP X-RAY	862
27096	6780480	XRS ARTHROGRAM FLUORO GD S.I.JOINT INJ	732
27096	6780498	XRS ARTHRO SACROILIAC JOINT	732
27370	6780506	XRS ARTHRO KNEE INJ FOR KNEE XRAY	713
27648	6780514	XRS ARTHRO ANKLE INJ FR ANKLE XRAY	773
32405	6780522	XRS GUID BDY NDJ BIOPSY LUNG BIOPY	1,799
36902	6780563	XRS PTA BRCHCPHLC TRNK/BRNC VSSL	5,713
36005	6780589	XRS PERIPHERAL VNGRMNJ EX VNGRPH	1,491
36010	6780597	XRS VENA CAVOGRAM PLC CATH IN VEIN	2,210
36245	6780605	XRS SLCTV CTH PLC F OR LOWR EXTRMT	6,004
36246	6780613	XRS SELECTIVE CATH PLCMT SEC ODR	3,770
36247	6780621	XRS SLCTV CTH PLCMT 3RD + ORDR LWR	6,872
36248	6780639	XRS SELECTV CATH PLCMT EA ADL 2ND +	700
36475	6780647	XRS VARCS VEIN LSR ABLNS VEIN-P LEG	6,958
36476	6780654	XRS VARICOS VEIN LSR ABLTN E AD LEG	1,352
36555	6780662	XRS NONTUNNLD CTH<5Y INS	852
36556	6780670	XRS NONTUNNELED CTH 5Y >	965
36557	6780688	XRS TUNNELED CATH WO<5YRS	4,305
36558	6780696	XRS TUNNELED CATH WO 5Y>	3,282
36560	6780704	XRS CTH W PRT< 5YRS INSRT TUNNLD CV	6,001
36560	6780712	XRS CTH W PRT<5YR INST TNNLD CV CTH	6,001
36561	6780720	XRS CATH W PRT 5YRS>INSRT TNNLD CV	4,984
36561	6780738	XRS CTH W PRT 5YR>INST TUNLD CV CTH	4,984
36565	6780746	XRS CTH 2 CTH2 SITS I TUN	4,069
36568	6780753	XRS PICC LINES < 5 YRS INST PICC CA	1,002
36569	6780761	XRS PICC LINES 5Y>INSERT PICC CATH	1,137
37243	6780779	XRS PRPHRL EMBLZTN TRNSCTH OCCLSN	44,460

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
37619	6780795	XRS LIGATION OF INF VENA CAVA	8,083
49440	6780811	XRS PLACE GASTROSTOMY TUBE PERC	4,443
50395	6780829	XRS NEPHROSTOMS CRT PSSAG TO KIDNEY	834
60100	6780837	XRS US/CT GUID BDY NDL BIOPSY THYRD	521
73115	6780860	XRS RAD GUIDANCE CONTRAST X-RAY WRS	488
77001	6780878	XRS FLUORO GUID FLUORO GD F VEIN DVC	385
77002	6780886	XRS FLUORO GUIDNC ND LCLZTN BY XRY	432
77003	6780894	XRS FLURO US FLURO GD SPIN	432
	6780902	XRS CLL BCK FEE F INTRVTNL PX <3HRS	528
	6780910	XRS CLL BCK FEE F INTRVTNL PX>3HRS	1,055
75825	6780928	XRS RAD SUPERVISION VEIN, TRUNK	616
75894	6780944	XRS RAD SUPER EMBOLIZATN, TRNS CATH	4,735
75898	6780951	XRS POST EMBOLIZATION ANGIO, F/U	618
20220	6780985	XRS GUIDED BODY NEEDLE BIOPSY, BONE	771
47000	6780993	XRS GUIDED BODY NEEDLE BIOPSY, LIVER	1,408
38505	6781009	XRS GUIDED BODY NEEDLE BX LYMPH NDE	579
20206	6781017	XRS GUIDED BODY NEEDLE BIOP, MUSCLE	1,083
75791	6781041	XRS ARTERY X-RAY, EACH VESSEL	644
47534	6781058	XRS PLMT BILIARY DRAINAGE CATH	6,761
47535	6781066	XRS CONVERSION EXT BIL DRG CATH	4,669
47536	6781074	XRS EXCHANGE BILIARY DRG CATH	3,167
37191	6781082	XRS IVC FILTER PLACEMENT ENDOVASCULAR	11,756
50693	6781090	XRS INS URETERAL STENT PERC NEPHROSTOGRAM PRE-EXISTING NEPH TRACT	4,541
50695	6781108	XRS INS URETERAL STENT PERC NEPHROSTOGRAM NEW ACCESS	6,121
37228	6781116	XRS TIBIAL PERONEAL ARTERY UNI W TRANSLUMINAL ANGIOPLASTY	24,360
37229	6781124	XRS TIBIAL PERONEAL ARTERY UNI W ATHERECTOMY	49,291
36902	6781132	XRS INTRO CATH DIALYSIS CIRCUIT W TRANSLUMINAL ANGIOPLASTY	5,713
36901	6781140	XRS INTRO CATH DIALYSIS CIRCUIT	2,745
36903	6781157	XRS INTRO CATH DIALYSIS CIRCUIT	25,711
37241	6781165	XRS VASC EMBLZTN OR OCCLSN VEN	21,692
37242	6781173	XRS VASC EMBLZTN OR OCCLSN ART	33,565
37243	6781199	XRS VASC EMBLZTN OR OCCLSN ORGAN	44,460
37244	6781215	XRS VASC EMBLZTN OR OCCLSN HEMORRHAGE OR LYMPH EXTRAVASATION	30,991
61624	6781231	XRS TRNSCTH PERM EMBLZTN CNS	5,429
37246	6781249	XRS TRLUML BALO ANGIOP 1ST ART	9,799
37247	6781256	XRS TRLUML BALO ANGIOP ADDL ART	3,959

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
50432	6781272	XRS PLMT NEPHROSTOMY CATHETER	3,550
50433	6781280	XRS PLMT NEPHROURETERAL CATHETER	4,855
50434	6781298	XRS CONVERT NEPHROSTOMY CATHETER	3,802
50435	6781306	XRS EXCHANGE NEPHROSTOMY CATH	2,170
36227	6781314	XRS ANGIOG EXT CARO UNI	1,182
36222	6781322	XRS ANGIO COMMON CAROTID EXTRACRANL	5,542
36223	6781348	XRS ANGIO COMMON CAROTID INTRACRANL	6,944
36224	6781363	XRS ANGIO INTERNAL CAROTID INTRACRANIAL	8,821
36225	6781371	XRS ANGIO SUBCLAVIAN ARTERY	6,682
36226	6781389	XRS ANGIO VERTEBRAL ARTERY	8,552
36253	6781397	XRS ANGIO RENAL ARTERY 2ND ORDER OR HIGHER BRANCHES UNI	10,127
36251	6781405	XRS ANGIO RENAL ARTERY 1ST ORDER OR HIGHER BRANCHES UNI	6,342
36254	6781421	XRS ANGIO RENAL ARTERY 2ND ORDER OR HIGHER BRANCHES BIL	9,904
29260	6815534	DH PT STRAPPING ELBOW/WRIST 15 MIN	137
97110	6825004	DH PT THERAPEUT EXER 15 MIN	141
97116	6825012	DH PT GAIT TRAINING 15 MIN	139
95831	6825020	DH PT MUSCLE GRADING 1 LIMB 15 MIN	150
97035	6825038	DH PT ULTRA SOUND 15 MIN	61
97032	6825046	DH PT ELECTR STIM 15 MIN	71
97010	6825053	DH PT HOT PACKS 15 MIN	29
97010	6825061	DH PT ICE PACKS 15 MIN	29
95831	6825079	DH PT MUSCLE GRADING 2-4 LIMB 15 MN	150
97018	6825087	DH PT WAX BATH 15 MIN	40
97763	6825095	DH PT CHKOUT ORTHO/PROS EST PT 15M	221
97012	6825103	DH PT CERVICAL TRACTION 15 MIN	68
94667	6825111	DH PT CHEST PHYSIO INITIAL 15 MIN	123
97140	6825129	DH PT MOBILIZATION 15 MIN	128
90901	6825137	DH PT ELECTRO BIOFEEDBACK 15 MIN	181
64550	6825145	DH PT ELEC RESPOND (TENS) 15 MIN	82
97161	6825152	DH PT EVALUATION 15 MIN	385
97140	6825160	DH PT FRIC/MASSAGE/MYOFAS RELS 15 M	128
97012	6825178	DH PT LUMBAR TRACTION 15 MIN	68
29799	6825186	DH PT TAPING 15 MIN	96
J2920	5260393	RX -SOLUMEDROL 1GM	4
E0112	6825202	DH PT SUPPLY CRUTCHES	36
E0100	6825210	DH PT SUPPLY CANES	13
E0111	6825228	DH PT SUPPLY ELBOW CRUTCHES	283
	6825236	DH PT CERVICAL TRACTION KIT	71

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
J3370	5259833	RX -VANCOMYCIN 500MG VIAL	4
L1810	7105687	OR -KNEE ORTH EL JT	107
96154	6825285	DH PT PATIENT INSTRUCTION 15 MIN	91
L1820	7105703	OR -KNEE ORTH EL CND P&JT	107
97161	6825319	DH PT ASSESSMENT FEE	385
97161	6825327	DH PT INITIAL EVAL SIMPLE 15 MIN	385
97161	6825335	DH PT INITIAL EVAL MOD 15 MINUTES	385
97161	6825343	DH PT INITIAL EVAL COMPLEX 15 MIN	385
97162	6825350	DH PT RE EVAL SIMPLE 15 MINUTES	385
97162	6825368	DH PT RE EVAL MODERATE 15 MINUTES	385
97162	6825376	DH PT RE EVAL COMPLEX 15 MINUTES	385
97763	6825384	DH PT REV ORTH/PROS 15 MINUTES	221
95831	6825392	DH PT MUSCLE TESTNG MANUAL 15 MIN	150
95851	6825400	DH PT ROM EA EXTREM 15 MIN	92
97012	6825418	DH PT TRACTION MECH 15 MIN	68
97034	6825426	DH PT CONTRAST BATHS 15 MIN	70
97112	6825434	DH PT NEUROMUSCULAR RE-EDUC 15 MIN	160
97124	6825442	DH PT MASSAGE 15 MIN	141
97140	6825459	DH PT MANUAL THERAPY 15 MIN	128
97760	6825475	DH PT ORTH FIT/TRAIN 15 MIN	215
97761	6825483	DH PT PROSTH FIT/TRAIN 15 MINUTES	186
94150	6825491	DH PT PEAK FLOW 15 MINUTES	118
94668	6825509	DH PT CHEST PHYSIO SUBSQ 15 MIN	147
29799	6825517	DH PT STRAPPING LOWER BACK 15 MIN	96
29240	6825525	DH PT STRAPPING SHOULDER 15 MIN	139
29260	6825533	DH PT STRAPPING ELBOW/WRIST 15 MIN	137
29280	6825541	DH PT STRAPPNG HAND/FINGR 15 MIN	139
29520	6825558	DH PT STRAPPING HIP 15 MIN	152
29530	6825566	DH PT STRAPPING KNEE 15 MIN	137
29540	6825574	DH PT STRAPPING ANKLE 15 MIN	121
29550	6825582	DH PT STRAPPING TOES 15 MIN	87
94618	6825905	PULMONARY STRESS TESTING SIMPLE	157
97802	6834006	DH MNT INTL AX & INTERVENT FA TO FA	158
97803	6834014	DH MNT REAX & INTERVNT FA TO FA	137
97804	6834022	DH MNT GROUP THERAPY 30 MIN	73
92507	6840003	DH SP TX SL VCE COM AUD PRO ADLT15M	359
92526	6840011	DH SP TX SWAL DYSFX ORAL ADLT 15M	393
92609	6840029	DH SP TRAIN W/SPCH DEVICE 15 MIN	503
92507	6840037	DH SP TX SL VOICE COM EXPR/REC 15 M	359
92507	6840045	DH SP TX AUDITORY PROCESS 15 MIN	359

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
97127	6840052	DH SP COG SKILL DEV TRAIN 15 MIN	54
92506	6840060	DH SP EVAL LANG VCE COM AUD PRO 15M	144
92610	6840078	DH SP EVAL FUNCTIONAL SWALLOW	393
96105	6840086	DH SP AX APHASIA EXPRS RECPT SL 1HR	496
97110	6841001	DH OT THERAPEUTIC EXERCISE 15 MIN	141
97535	6841019	DH OT ADL TRAIN 1 ON 1 15 MIN	158
L1830	7105737	OR -KNEE ORTH IMMOB CNV L	107
97112	6841035	DH OT PERCEPTUAL MOTOR 15 MIN	160
97530	6841043	DH OT UPPER LIMB REMEDIATION 15 MIN	186
	6841050	DH OT SPLINT FABRICATION 15 MIN	85
97755	6841068	DH OT ADAPTIVE EQUIPMENT 15 MIN	179
96152	6841076	DH OT PT EDUCATION 15 MIN	94
97530	6841084	DH OT VOCATIONAL RETRAINING 15 MIN	186
97163	6841126	DH OT INITL EVAL SIMPLE 15 MINUTES	385
97163	6841134	DH OT INITL EVAL MOD 15 MINUTES	385
97163	6841142	DH OT INITL EVAL COMPLEX 15 MINUTES	385
97164	6841159	DH OT RE EVAL SIMPLE 15 MINUTES	260
97164	6841167	DH OT RE EVAL MOD 15 MINUTES	260
97164	6841175	DH OT RE EVAL COMPLEX 15 MINUTES	260
97010	6841209	DH OT HOT PACKS 15 MINUTES	29
97010	6841217	DH OT ICE PACKS 15 MINUTES	29
97018	6841225	DH OT WAX BATH 15 MINUTES	40
97022	6841233	DH OT WHIRLPOOL BATH 15 MINUTES	87
97036	6841241	DH OT HUBBARD TANK 15 MIN	163
L1832	7105745	OR -KNEE ORTH POS RIG S	107
97110	6841266	DH OT THERAP EXERC 15 MIN	141
97112	6841274	DH OT NEUROMUSC RE ED 15 MIN	160
97124	6841282	DH OT MASSAGE 15 MIN	141
97760	6841308	DH OT ORTH FIT/TRAIN 15 MIN	215
97761	6841316	DH OT PROSTH FIT/TRAIN 15 MIN	186
97530	6841324	DH OT THERAPEUT ACTIVITY 15 MIN	186
97533	6841332	DH OT SENSORY INTEGRATION 15 MIN	157
97537	6841340	DH OT COMM/WORK REINTEG TRN 15 MIN	152
97542	6841357	DH OT WHEELCHAIR AX TRAIN 15 MIN	154
97545	6841381	DH OT WORK HARD CONDITION INTL 2 HR	689
97546	6841399	DH OT HARD WORK CONDITION EA ADL HR	275
	6868004	DH MULTI-DISC AX AND ORTX	339
	6868038	RUDH-DAY HOSP DIET/15MINS	28
98966	6841423	DH OT Tel assessment 5-10 minutes of medical discussion.	65
98967	6841431	DH OT Tel assessment 11-20 minutes of medical discussion	123

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
98968	6841456	DH OT Tel assessment 21-30 minutes of medical discussion	181
98969	6841472	DH OT Online assessment and management service pcommunications network.	107
99366	6841480	DH OT Med team conf...with patient/family present, > 30 minutes.	196
99368	6841498	DH OT Med team conf ...without the patient and/or family, > 30 minutes.	168
99401	6841506	DH OT Preventative couns ...individual; 15 min.	173
99402	6841514	DH OT Preventative couns ...individual; 30 min.	288
99403	6841522	DH OT Preventative couns ...individual; 45 min.	401
99404	6841530	DH OT Preventative couns ...individual, 60 min.	516
99411	6841548	DH OT Preventative couns...group; 30 minutes.	82
99412	6841555	DH OT Preventative couns...group; 60 minutes.	103
99487	6841563	DH OT Comp chronic care...60 minutes per calendar month	425
99489	6841589	DH OT Comp chronic care ...each additional 30 minutes per calendar month.	212
99490	6841597	DH OT Chronic care management services, at least 20 minutes, per calendar month	192
96116	6841605	DH OT Neurobehavioral Status Exam -thinking, reasoning, and judgment	428
97110	6841613	DH OT Therapeutic Procedure- exercise to develop strength and endurance, ROM and flexibility.	141
97530	6841621	DH OT Therapeutic Activities- dynamic activities to improve function	186
99366	6841639	DH OT Team Conference- with pt/family present	196
99368	6841647	DH OT Team Conference- without pt/family present	168
97150	6841654	DH OT Therapeutic Procedure (group)- 2 or more individuals	84
99600	6841662	DH OT Unlisted Home Visit Service or procedure- NOS	-
99505	6841670	DH OT Home visit for ADL Ax	124
99600	6841688	DH OT Unlisted Home Visit Service or procedure- NOS	-
97537	6841696	DH OT Community Work Integration Training	152
99600	6841704	DH OT Self Care Home Management Training	-
97535	6841712	DH OT Self Care Training	158
97035	6841720	DH OT Ultrasound	61
97032	6841738	DH OT E Stim attended	71
97014	6841746	DH OT E Stim Unattended	71
97124	6841753	DH OT Massage Therapy	141
97150	6841787	DH OT Therapeutic Procedure (group)- 2 or more individuals	84
97542	6841795	DH OT Wheelchair management (e.g. assessment, fitting, training), each 15 mins	154
98960	6841803	DH OT Educ & Train 30 minutes; individual patient.	128
98961	6841829	DH OT Educ & Train 30 minutes; 2-4 patients.	63



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
98962	6841837	DH OT Educ & Train 30 minutes; 5-8 patients.	45
99600	6841845	DH OT Unlisted Home Visit Service or procedure- NOS	-
99600	6800007	DH RN Unlisted Home Visit Service or procedure- NOS	-
98966	6800015	DH RN Tel assessment 5-10 minutes of medical discussion.	65
98967	6800023	DH RN Tel assessment 11-20 minutes of medical discussion	123
98968	6800031	DH RN Tel assessment 21-30 minutes of medical discussion	181
98969	6800049	DH RN Online assessment and management service pcommunications network.	107
99366	6800056	DH RN Med team conf...with patient/family present, > 30 minutes.	196
99368	6800064	DH RN Med team conf ...without the patient and/or family, > 30 minutes.	168
99401	6800072	DH RN Preventative couns ...individual; 15 min.	173
99402	6800080	DH RN Preventative couns ...individual; 30 min.	288
99403	6800098	DH RN Preventative couns ...individual; 45 min.	401
99404	6800106	DH RN Preventative couns ...individual, 60 min.	516
99411	6800114	DH RN Preventative couns...group; 30 minutes.	82
99412	6800122	DH RN Preventative couns...group; 60 minutes.	103
99487	6800130	DH RN Comp chronic care...60 minutes per calendar month	425
99489	6800148	DH RN Comp chronic care ...each additional 30 minutes per calendar month.	212
99490	6800155	DH RN Chronic care management services, at least 20 minutes, per calendar month	192
98960	6800163	DH RN Educ & Train 30 minutes; individual patient.	128
98961	6800171	DH RN Educ & Train 30 minutes; 2-4 patients.	63
98962	6800197	DH RN Educ & Train 30 minutes; 5-8 patients.	45
90791	6856009	Psychiatric diagnostic evaluation	613
90832	6856017	Psychotherapy, 30 minutes with patient and/or family member	297
90834	6856025	Psychotherapy, 45 minutes with patient and/or family member	398
90837	6856033	Psychotherapy, 60 minutes with patient and/or family member	597
90845	6856041	Psychoanalysis	427
90846	6856058	Family psychotherapy without the patient present	480
90847	6856066	Family psychotherapy, conjoint psychotherapy with the patient present	500
90849	6856074	Multiple-family group psychotherapy	168
90853	6856082	Group psychotherapy (other than of a multiple-family group)	120
90785	6856090	Add-on code to be used in conjunction with codes for primary service: psychiatric diagnostic evaluation (90791); psychotherapy (90832, 90834, 90837); and group psychotherapy (90853)	66
90839	6856108	Psychotherapy for crisis, first 60 minutes	622
90840	6856116	Add-on for each additional 30 minutes of psychotherapy for crisis, used in conjunction with code 90839	297

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
90863	6856124	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services; used only as add-on to primary psychotherapy code (90832, 90834, 90837)	120
96116	6840151	DH SP Neurobehavioral Status Exam -thinking, reasoning, and judgment	428
97110	6840169	DH SP Therapeutic Procedure- exercise to develop strength and endurance, ROM and flexibility.	141
97530	6840177	DH SP Therapeutic Activities- dynamic activities to improve function	186
99366	6840185	DH SP Team Conference- with pt/family present	196
99368	6840193	DH SP Team Conference- without pt/family present	168
97150	6840201	DH SP Therapeutic Procedure (group)- 2 or more individuals	84
99600	6840219	DH SP Unlisted Home Visit Service or procedure- NOS	-
98966	6840227	DH SP Tel assessment 5-10 minutes of medical discussion.	65
98967	6840235	DH SP Tel assessment 11-20 minutes of medical discussion	123
98968	6840243	DH SP Tel assessment 21-30 minutes of medical discussion	181
98969	6840250	DH SP Online assessment and management service pcommunications network.	107
99366	6840268	DH SP Med team conf...with patient/family present, > 30 minutes.	196
99368	6840276	DH SP Med team conf ...without the patient and/or family, > 30 minutes.	168
99401	6840284	DH SP Preventative couns ...individual; 15 min.	173
99402	6840292	DH SP Preventative couns ...individual; 30 min.	288
99403	6840300	DH SP Preventative couns ...individual; 45 min.	401
99404	6840318	DH SP Preventative couns ...individual, 60 min.	516
99411	6840326	DH SP Preventative couns...group; 30 minutes.	82
99412	6840342	DH SP Preventative couns...group; 60 minutes.	103
99487	6840359	DH SP Comp chronic care...60 minutes per calendar month	425
99489	6840367	DH SP Comp chronic care ...each additional 30 minutes per calendar month.	212
99490	6840375	DH SP Chronic care management services, at least 20 minutes, per calendar month	192
98960	6834105	DH MNT Educ & Train 30 minutes; individual patient.	128
98961	6834113	DH MNT Educ & Train 30 minutes; 2-4 patients.	63
98962	6834121	DH MNT Educ & Train 30 minutes; 5-8 patients.	45
99600	6834139	DH MNT Unlisted Home Visit Service or procedure- NOS	-
98966	6834147	DH MNT Tel assessment 5-10 minutes of medical discussion.	65
98967	6834154	DH MNT Tel assessment 11-20 minutes of medical discussion	123
98968	6834162	DH MNT Tel assessment 21-30 minutes of medical discussion	181
98969	6834170	DH MNT Online assessment and management service pcommunications network.	107

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
99366	6834188	DH MNT Med team conf...with patient/family present, > 30 minutes.	196
99368	6834196	DH MNT Med team conf ...without the patient and/or family, > 30 minutes.	168
99401	6834204	DH MNT Preventative couns ...individual; 15 min.	173
99402	6834212	DH MNT Preventative couns ...individual; 30 min.	288
99403	6834238	DH MNT Preventative couns ...individual; 45 min.	401
99404	6834246	DH MNT Preventative couns ...individual, 60 min.	516
99411	6834261	DH MNT Preventative couns...group; 30 minutes.	82
99412	6834279	DH MNT Preventative couns...group; 60 minutes.	103
99487	6834295	DH MNT Comp chronic care...60 minutes per calendar month	425
99489	6834303	DH MNT Comp chronic care ...each additional 30 minutes per calendar month.	212
99490	6834311	DH MNT Chronic care management services, at least 20 minutes, per calendar month	192
98960	6825632	DH PT Educ & Train 30 minutes; individual patient.	128
98961	6825640	DH PT Educ & Train 30 minutes; 2-4 patients.	63
98962	6825657	DH PT Educ & Train 30 minutes; 5-8 patients.	45
97810	6825665	DH PT Accupuncture, 1 or more needles; without electrical stimulation; initial 15 mins of personal one-on-one contact with the patient	167
97811	6825673	DH PT Accupuncture, without electrical stimulation; each additional 15 mins of personal one-on-one contact with the patient with re-insertion of needles	126
97813	6825681	DH PT Accupuncture, with electrical stimulation; initial 15 mins of personal one-on-one contact with the patient	178
97814	6825699	DH PT Accupuncture, with electrical stimulation; each additional 15 mins of personal one-on-one contact with the patient with re-insertion of needles	142
97150	6825707	DH PT Therapeutic Procedure (group)- 2 or more individuals	84
99600	6825715	DH PT Unlisted Home Visit Service or procedure- NOS	-
97535	6825731	DH PT Self-care/home management training- ADL's and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment	158
98966	6825749	DH PT Tel assessment 5-10 minutes of medical discussion.	65
98967	6825756	DH PT Tel assessment 11-20 minutes of medical discussion	123
98968	6825772	DH PT Tel assessment 21-30 minutes of medical discussion	181
98969	6825780	DH PT Online assessment and management service pcommunications network.	107
99366	6825798	DH PT Med team conf...with patient/family present, > 30 minutes.	196

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
99368	6825806	DH PT Med team conf ...without the patient and/or family, > 30 minutes.	168
99401	6825814	DH PT Preventative couns ...individual; 15 min.	173
99402	6825822	DH PT Preventative couns ...individual; 30 min.	288
99403	6825830	DH PT Preventative couns ...individual; 45 min.	401
99404	6825848	DH PT Preventative couns ...individual, 60 min.	516
99411	6825855	DH PT Preventative couns...group; 30 minutes.	82
99412	6825863	DH PT Preventative couns...group; 60 minutes.	103
99487	6825871	DH PT Comp chronic care...60 minutes per calendar month	425
99489	6825889	DH PT Comp chronic care ...each additional 30 minutes per calendar month.	212
99490	6825897	DH PT Chronic care management services, at least 20 minutes, per calendar month	192
99600	6869002	Unlisted Home Visit Service or procedure- NOS	-
97150	6869010	Therapeutic Procedure (group)- 2 or more individuals	84
98966	6869028	Tel assessment 5-10 minutes of medical discussion.	65
98967	6869036	Tel assessment 11-20 minutes of medical discussion	123
98968	6869044	Tel assessment 21-30 minutes of medical discussion	181
98969	6869051	Online assessment and management service pcommunications network.	107
99366	6869069	Med team conf...with patient/family present, > 30 minutes.	196
99368	6869077	Med team conf ...without the patient and/or family, > 30 minutes.	168
99401	6869085	Preventative couns ...individual; 15 min.	173
99402	6869093	Preventative couns ...individual; 30 min.	288
99403	6869119	Preventative couns ...individual; 45 min.	41
99404	6869127	Preventative couns ...individual, 60 min.	516
99411	6869143	Preventative couns...group; 30 minutes.	82
99412	6869150	Preventative couns...group; 60 minutes.	103
99487	6869168	Comp chronic care...60 minutes per calendar month	425
99489	6869176	Comp chronic care ...each additional 30 minutes per calendar month.	212
99490	6869184	Chronic care management services, at least 20 minutes, per calendar month	192
96365	6910004	OP THER/PROPH/DIAG IV INF 1ST HOUR	333
96366	6911002	OP THER/PROPH/DIAG IV INF EA ADD HR	100
	6911127	OP INF CLN-KOGENATE 1 VIA	690
	6911135	OP INF CLN-IMMUNOGLOBULIN	95
	6911143	OP INF CLN-REMICADE 100MG	715
26910	7000003	OR -AMP M'CRP/FNGR/THM	3,317
26951	7000011	OR -AMP FNGR D CLOS	2,988
26952	7000029	OR -AMP FNGR L ADV	2,952

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
28805	7000037	OR -AMP FT TRANSMETATR	3,395
28810	7000045	OR -AMP METATR TOE SNGL	2,003
28820	7000052	OR -AMP TOE MTPL JNT	2,632
28825	7000060	OR -AMP TOE IP JNT	2,517
46604	7000078	OR -ANOSC DIL	2,886
45905	7000086	OR -DIL ANL SPHINC U ANES	791
46288	7000094	OR -CLOS ANL FIS FLAP	2,561
31622	7000102	OR -BRONC DX	1,109
31623	7000110	OR -BRONC BRUSH/WASH	1,253
31624	7000128	OR -BRONC ALV LAV	1,169
31625	7000136	OR -BRONC BX	1,528
31628	7000144	OR -BRONC LUNG BX	1,625
31629	7000151	OR -BRONC NDLE ASP BX	2,003
31630	7000169	OR -BRONC TRACH DIL/FX	930
31631	7000177	OR -BRONC TRACH DIL&STNT	1,065
31635	7000185	OR -BRONC REM FB	1,293
31643	7000193	OR -BRONC RADIOEL AP	826
31645	7000201	OR -BRONC TX ASP INIT	1,193
31646	7000219	OR -BRONC TX ASP SQ	661
36589	7000318	OR -REM IMPL VAD/SQ	757
43260	7000359	OR -ERCP DX	1,534
43261	7000367	OR -ERCP BX	1,612
43262	7000375	OR -ERCP SPH/PAP	1,697
43263	7000383	OR -ERCP PRESS	1,699
43264	7000391	OR -ERCP REM CALC	1,731
43265	7000409	OR -ERCP LITHO	2,058
54160	7000466	OR -CIRC EXC NB	1,025
11000	7000508	OR -DBR SKN TO 10%	252
11011	7000516	OR -DBR FX/DISL S/S/F/M	2,503
11010	7000524	OR -DBR FX/DISL S/S	2,333
11012	7000540	OR -DBR FX/DISL S/S/F/M/B	3,274
16020	7000565	OR -DRESS/DEBRID P-THICK BURN S	380
11042	7000573	OR -DBR SKN/SQ	542
11043	7000581	OR -DBR SKN/SQ/MUS	1,056
11044	7000599	OR -DBR SKN/SQ/MUS/BN	1,445
96523	7000607	OR -DECLOT VAD	128
36832	7000615	OR -REV O AV FIST NO THR	3,562
36860	7000623	OR -DECLOT EXT CAN NO BC	1,018
36861	7000631	OR -DECLOT EXT CAN BC	650
36833	7000649	OR -THR OPEN AV FIST GFT	3,823

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
19120	7000656	OR -EX BRST LES OPEN 1+	2,289
19125	7000664	OR -EX BRST LES R MRK 1ST	2,535
19126	7000672	OR -EX BRST LES R MRK ADL	755
25111	7000680	OR -EX GANG WRST PRMRY	1,487
25112	7000698	OR -EX GANG WRST RECUR	1,796
19300	7000706	OR -REMOVAL OF BREAST TISSUE	2,433
11600	7000714	OR -M LES T/A/R 0-0.5	892
11601	7000722	OR -M LES T/A/R .6-1.	1,056
11602	7000730	OR -M LES T/A/R 1.1-2.	1,145
11603	7000748	OR -M LES T/A/R 2.1-3.0	1,311
11604	7000755	OR -M LES T/A/R 3.1-4.0	1,453
11606	7000763	OR -M LES T/A/R >4.0	2,079
11620	7000771	OR -M LES S/N/H/ 0-0.5	899
11621	7000789	OR -M LES S/N/H/ 0.6-1.0	1,061
11622	7000797	OR -M LES S/N/H/ 1.1-2.0	1,183
11623	7000805	OR -M LES S/N/H/ 2.1-3.0	1,389
11624	7000813	OR -M LES S/N/H/ 3.1-4.0	1,565
11626	7000821	OR -M LES S/N/H/ >4.0	1,880
11640	7000839	OR -M LES F/E/E/N/ 0-0.5	926
11641	7000847	OR -M LES F/E/E/N .6-1.0	1,096
11642	7000854	OR -M LES F/E/E/N 1.1-2.0	1,251
11643	7000862	OR -M LES F/E/E/N 2.1-3.0	1,474
11644	7000870	OR -M LES F/E/E/N 3.1-4.0	1,820
11646	7000888	OR -M LES F/E/E/N >4.0	2,370
65900	7000896	OR -EX LES EYE	4,439
24065	7000904	OR -BX SF U ARM/ELB SF	1,188
21015	7000912	OR RAD RES TMR ST F/S	3,290
21550	7000920	OR -BX ST NCK/THORAX	1,208
21556	7000938	OR -EX TMR NK/THRX DP S/I	2,446
21557	7000946	OR -RESECT TMR ST NK/THRX	4,431
20206	7000953	OR -BX MUSCLE NDL	1,083
24066	7000961	OR -BX ST U ARM/ELB DP	2,874
24075	7000979	OR -EX TMR ST U ARM/E SQ	2,276
24076	7000987	OR -EX TMR U ARM/E DP S/I	2,533
25065	7000995	OR -BX ST F'ARM/WRST SPRF	1,174
25066	7001001	OR -BX ST F'ARM/RST DP	1,665
25075	7001019	OR -EX TMR ST F'ARM/WR SQ	2,216
25076	7001027	OR -EX TMR F'ARM/WR D S/I	2,410
25077	7001035	OR -RES TMR ST F'ARM/WR	4,122
26115	7001043	OR -EX TMR ST HND/FNGR SQ	2,333

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
26116	7001050	OR -EX TMR ST HND/FNGR DP	2,452
26117	7001068	OR -RES TMR ST HND/FNGR	3,469
27040	7001076	OR -BX ST PELV/HIP SUPP	1,596
27041	7001084	OR -BX ST PELV/HIP DP S/I	3,232
27047	7001092	OR -EX TMR PELV/HIP SQ	2,157
27048	7001100	OR -EX TMR PELV/HIP D S/I	2,842
27049	7001118	OR -RES TMR ST PELV/HIP	6,265
27323	7001126	OR -BX ST TH/KNEE SPRF	1,261
27324	7001134	OR -BX ST TH/KNEE DP	1,864
27327	7001142	OR -EX TMR TH/KNEE SQ	2,126
27328	7001159	OR -EX TMR TH/KNEE DP S/I	2,899
27329	7001167	OR -RES TMR ST TH/KNEE	4,839
27613	7001175	OR -BX ST LG/ANK SPRF	1,175
27614	7001183	OR -BX ST LG/ANK DP	2,697
27615	7001191	OR -RES TMR ST LG/ANK	4,782
27618	7001209	OR -EX TMR LG/ANK SQ TIS	2,090
27619	7001217	OR -EX TMR LG/ANK DP	2,161
28043	7001225	OR -EX TMR FOOT SQ TIS	1,874
28045	7001233	OR -EX TMR FOOT D/S/IM	2,322
28046	7001241	OR -RES TMR ST FOOT	3,400
49203	7001266	OR -EXC ABD TUM 5 CM OR LESS	5,603
21040	7001274	OR -EX B TMR OR CYST MAND	2,419
37785	7001282	OR -LIG/DIV/EXC VERI VN CLUSTE 1 LG	1,633
11100	7001290	OR -BX S/S/M/M SINGLE LES	485
11101	7001308	OR -BX S/S/M/M ADL LES	150
11400	7001316	OR -B SKN LES T/A/L 0-0.5	579
11401	7001324	OR -B SK LES T/A/L .6-1.0	690
11402	7001332	OR -B SK LES T/A/L 1.1-2.	770
11403	7001340	OR -B SK LES T/A/L 2.1-3.	889
11404	7001357	OR -B SK LES T/A/L 3.1-4.	1,007
11406	7001365	OR -B SK LES T/A/L >4.0	1,453
11420	7001373	OR -B SK LES S/N/H 0-0.5	566
11421	7001381	OR -B SK LES S/N/H .6-1.0	724
11422	7001399	OR -B SK LES S/N/H 1.1-2.	815
11423	7001407	OR -B SK LES S/N/H 2.1-3.	928
11424	7001415	OR -B SK LES S/N/H 3.1-4.	1,078
11426	7001423	OR -B SK LES S/N/H >4.0	1,546
11440	7001431	OR -B LES F/E/E/N 0-.5	626
11441	7001449	OR -B LES F/E/E/N 0.6-1.0	776
11442	7001456	OR -B LES F/E/E/N 1.1-2.0	868

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
11443	7001464	OR -B LES F/E/E/N 2.1-3.0	1,031
11444	7001472	OR -B LES F/E/E/N 3.1-4.0	1,297
11446	7001480	OR -B LES F/E/E/N >4.0	1,801
11450	7001498	OR -EX S/S HIDR A SMP/INT	1,775
11451	7001506	OR -EX S/S HIDR A COMP	2,247
11462	7001514	OR -EX S/S HIDR G SMP/INT	1,733
11463	7001522	OR -EX S/S HIDR G COMP	2,271
11470	7001530	OR -EX S/S HIDR P/P/U SMP	1,911
11471	7001548	OR -EX S/S HIDR P/P/U CMP	2,364
64782	7001589	OR -EX NRMA HD/FT	2,119
64783	7001597	OR -EX NRMA HD/FT ADL NRV	1,027
64784	7001605	OR -EX NRMA MAJ PERPH NRV	3,382
64788	7001621	OR -EX NRFB CUT NRV	1,840
64790	7001639	OR -EX NRFB MAJ PERPH NRV	3,920
64792	7001647	OR -EX NRFB EXTENSIVE	5,628
64776	7001654	OR -EX DIG NEURM EA	1,817
43200	7001662	OR -ESOPH DX	991
43202	7001670	OR -ESOPH BX	1,415
43204	7001688	OR -ESOPH INJ SCLR	642
43205	7001696	OR -ESOPH BND LIG	671
43216	7001712	OR -ESOPH REM LES CAUT	1,649
43217	7001720	OR -ESOPH REM LES SNR	1,749
43220	7001746	OR -ESOPH BAL DIL	4,932
43226	7001753	OR -ESOPH G WIRE	1,458
43227	7001761	OR -ESOPH CONTR BLD	2,902
43235	7001795	OR -U GI END DX	1,182
43239	7001803	OR -U GI END BX SGLE/MULT	1,581
43240	7001811	OR -U GI END TR DRN PCYST	1,864
43241	7001829	OR -U GI END INTRALUM	676
43242	7001837	OR -U GI END US NDLE ASP	1,250
43243	7001845	OR -U GI END INJ ESOPH SC	1,127
43244	7001852	OR -U GI END BAND LIG E	1,166
43245	7001860	OR -U GI END DIL GASTR	2,551
43246	7001878	OR -U GI END G TUBE	951
43248	7001894	OR -U GI END G WIRE	1,613
43249	7001902	OR -U GI END BAL DIL	4,693
43250	7001910	OR -U GI END REM LES CAUT	1,835
43251	7001928	OR -U GI END REM LES SNR	2,034
43255	7001936	OR -U GI END CONTR BLED	3,068
43270	7001951	OR -EGD LESION ABLATION	3,078



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
43259	7001969	OR -U GI END END US EXAM	1,075
36800	7001977	OR -INS CAN HD V TO V	572
36810	7001985	OR -INS CAN HD AV EXT	993
36815	7001993	OR -INS CAN HD AV EXT REV	637
46221	7002009	OR -HEMOR SMPL LIGURE	1,248
46230	7002017	OR -EX E HEMOR TAGS	1,271
46250	7002025	OR -HEMOR E COMPL	2,158
46255	7002033	OR -HEMOR I/E SMPL	2,357
46257	7002041	OR -HEMOR I/E SMPL FISS	1,984
46258	7002058	OR -HEMOR I/E SMPL FIST	2,174
46260	7002066	OR -HEMOR I/E CMPL	2,223
46261	7002074	OR -HEMOR I/E CMPL FISS	2,446
46262	7002082	OR -HEMOR I/E CMPL FIST	2,582
46083	7002090	OR -INC THROMB HEMORR EXT	828
46500	7002108	OR -INJ SCLEROS SOL HEMOR	875
46390	7002116	OR -REMOVAL OF HEMORRHOID CLOT	780
46945	7002140	OR -LIG INT HEMORR SGLE	1,436
46946	7002157	OR -LIG INT HEMORR MULT	1,460
49020	7002165	OR -DRN PERTNL AB OPEN	7,442
49040	7002173	OR -DRN SUBDIAPH AB OPEN	4,677
49060	7002207	OR -DRN RETROPER AB OPEN	5,144
46040	7002223	OR -I&D I/P RECTL AB	2,498
46045	7002231	OR -I&D I/I/S AB ANL U AN	2,022
46050	7002249	OR -I&D PERIANL AB SUPERF	943
46060	7002256	OR -I&D I/I AB FIS/SUBM	2,225
44900	7002264	OR -I&D APPEND AB OPEN	3,629
49406	7002272	OR -IMAGE CATH FLUID PERI/RETRO	3,710
27603	7002280	OR -I&D LG/ANK DP AB/HEM	2,451
27604	7002298	OR -I&D LG/ANK INF BRSA	2,218
25028	7002306	OR -I&D F'ARM/WRST DP	2,441
25031	7002314	OR -I&D F'ARM/WRST BRSA	1,636
25035	7002322	OR -INC DP BN C F'ARM/WR	2,718
23930	7002330	OR -I&D U ARM/ELB DP AB/H	1,660
23931	7002348	OR -I&D U ARM/ELB BRSA	1,339
23935	7002355	OR -INC DP HUM/ELB BC	2,346
69000	7002363	OR -DRN AB EAR SMPL	857
69020	7002371	OR -DRN AB AUD CANAL	1,052
69005	7002389	OR -DRN AB EAR COM	975
56405	7002397	OR -I&D VULVA PERI AB	501
56420	7002405	OR -I&D BARTHOLIN GLD AB	561

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
57010	7002413	OR -COLP DRN PELV AB	1,976
51080	7002421	OR -DRN PERIVSCL SPCE AB	1,916
61320	7002439	OR -DRN I'CRAN AB SUP	8,979
61321	7002447	OR -DRN I'CRAN AB INF	10,101
19020	7002454	OR -MAST EX/DRN AB DP	2,192
67700	7002470	OR -BLEP DRN AB EYELID	1,242
26011	7002488	OR -DRN FNGR AB COMP	1,807
26010	7002496	OR -DRN FNGR AB SMPL	1,225
26034	7002504	OR -INCIS BN CORTX HND/FR	2,517
41800	7002512	OR -DRN AB CYST DENTOALV	1,316
26990	7002520	OR -I&D PELV/HP JNT D A/H	2,916
26991	7002538	OR -I&D PELV/HP JNT I BRS	3,285
26992	7002546	OR -INC PELV/HIP JNT BC	4,459
50020	7002553	OR -DRN PR/RENAL AB OPEN	4,742
47010	7002579	OR -HEP OPEN DRN 1-2 STGS	5,632
32200	7002595	OR -PNEU OP DRN AB/CYST	5,320
49405	7002603	OR -IMAGE CATH FLUID COLXN VISC	3,712
38300	7002611	OR -DRN LYMPH AB SMPL	1,461
38305	7002629	OR -DRN LYMPH AB EXT	2,255
40800	7002637	OR -DRN AB/C/H V MTH SMPL	989
40801	7002645	OR -DRN AB/C/H V MTH CMPX	1,457
41000	7002652	OR -I&D TNG/M FLR LGUAL	753
41005	7002660	OR -I&D TNG/M FLR S'LGL S	1,035
41006	7002678	OR -I&D TNG/M FLR S'LGL D	1,678
41007	7002686	OR -I&D TNG/M FLR SUBMENT	1,646
41008	7002694	OR -I&D TNG/M FLR SUBMAND	1,772
41009	7002702	OR -I&D TNG/M FLR MAST	1,888
41015	7002710	OR -I&D E'ORAL M FLR SL	1,990
41016	7002728	OR -I&D E'ORAL M FLR SMTL	2,058
41017	7002736	OR -I&D E ORAL M FLR SMDB	2,089
41018	7002744	OR -I&D E'ORAL M FLR M S	2,370
30000	7002751	OR -DRN AB NASAL INT APR	1,043
30020	7002769	OR -DRN AB NAS SEPTU	1,052
21501	7002777	OR -I&D ABS NECK/THORAX	2,092
42000	7002801	OR -DRN AB PAL/UVULA	706
53060	7002827	OR -DRN SKENE GLD AB/CYST	847
42300	7002843	OR -DRN AB PAROT SMPL	962
42310	7002868	OR -DRN AB SUBMAX/SUBLGL	823
42320	7002876	OR -DRN AB SUBMAX EXT	1,143
45000	7002884	OR -TRANSRECT DRN PELV AB	1,993

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
45005	7002892	OR -I&D SUBM AB RECTM	1,282
45020	7002900	OR -I&D DP SL/PR/RR AB	2,689
10060	7002926	OR -I&D AB SMPL/SNGL	546
10061	7002934	OR -I&D AB COMP/MULT	949
42700	7002942	OR -I&D AB PERITONSIL	871
42720	7002959	OR -I&D AB RETR/PAR I APR	2,095
42725	7002967	OR -I&D AB RETR/PAR E APR	3,796
28001	7002983	OR -I&D BRSA FOOT	1,285
12001	7003015	OR -SMP RPR S/NA 0-2.5	419
12002	7003023	OR -SMP RPR S/NA 2.6-7.5	509
12004	7003031	OR -SMP RPR S/N/ 7.6-12.5	595
12005	7003049	OR -SMP RPR S/NA 12.6-20	749
12006	7003056	OR -SMP RPR S/NA 20.1-30	889
12007	7003064	OR -SMP RPR S/NA >30.	1,027
12011	7003072	OR -SMP RPR F/E/E 0-2.5	511
12013	7003080	OR -SMP RPR F/E/E 2.6-5.	535
12014	7003098	OR -SMP RPR F/E/E 5.1-7.5	624
12015	7003106	OR -SMP RPR F/E/ 7.6-12.5	752
12016	7003114	OR -SMP RPR F/E/E 12.6-20	947
12017	7003122	OR -SMP RPR F/E/E 20.1-30	710
12018	7003130	OR -SMP RPR F/E/E >30.	803
13100	7003148	OR -CMP RPR TRNK 1.1-2.5	1,542
13101	7003155	OR -CMP RPR TRNK 2.6-7.5	1,822
13102	7003163	OR -CMP RPR TRNK ADL 5.	561
13120	7003171	OR -CMP RPR S/A/L 1.1-2.5	1,613
13121	7003189	OR -CMP RPR S/A/L 2.6-7.5	1,966
13122	7003197	OR -CMP RPR S/A/L ADL 5.	613
13131	7003205	OR -CMP RPR F/C/M 1.1-2.5	1,775
13132	7003213	OR -CMP RPR F/C/M 2.6-7.5	2,192
13133	7003221	OR -CMP RPR F/C/M ADL 5.0	821
13150	7003239	OR -CMP RPR E/N/E 0-1.0	819
13151	7003247	OR -CMP RPR E/N/E 1.1-2.5	1,942
13152	7003254	OR -CMP RPR E/N/E 2.6-7.5	2,331
13153	7003262	OR -CMP RPR E/N/E ADL 5.0	891
14000	7003270	OR -ADJ TIS TRANS TRNK 10	2,866
14020	7003296	OR-ADJ TIS TRANS S/A/L 10	3,206
14040	7003312	OR -ADJ TIS TRANS 10 CM	3,508
14060	7003338	OR -ADJ TIS TRANS 10 CM	3,579
11730	7003395	OR -AVUL NAIL S SGLE	487
11732	7003403	OR -AVUL NAIL S EA ADL	145

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
11740	7003411	OR -EVAC SUBUNG HEM	231
11750	7003429	OR -EX NAIL/MTRX PERM REM	706
11755	7003445	OR -BX NAIL UNIT	606
11760	7003452	OR -RPR NAIL BED	865
11762	7003460	OR RCST NAIL BED GFT	1,288
11765	7003478	OR -WEDGE EX SK NAIL FLD	771
20600	7003486	OR -ARTH ASP/INJ SM J/B	221
20605	7003494	OR -ARTH ASP/INJ INT J/B	233
20610	7003502	OR -ARTH ASP/INJ MAJ J/B	278
23107	7003528	OR -ARTH GLENHUM JNT	3,077
27372	7003700	OR -REM FB DP TH/KNEE	2,755
27610	7003718	OR -ARTH ANK EXP/DRN/REM	3,022
28192	7003767	OR -REM FB FT DP	2,189
28193	7003775	OR -REM FB FT COMP	2,482
30310	7003783	OR -REM FB NOSE U ANES	918
30320	7003791	OR -REM FB INASAL L RHINO	2,042
43500	7003924	OR -GASTROT EXPL/FB REM	3,671
45307	7003981	OR -PROC'SIG RIG REM FB	768
45915	7003999	OR -REM FEC IMP/FB U ANES	1,552
52315	7004062	OR -CYST REM FB/STNT COMP	1,929
54115	7004088	OR -REM FB DP PENLE TIS	2,118
65260	7004138	OR -REM FB I'OCUL P MAG	4,425
67413	7004153	OR -REM FB ORBIT NO BN FL	3,937
67430	7004161	OR -REM FB ORBIT BN FLP	5,742
67938	7004179	OR -REM EMB FB EYELID	1,128
68530	7004187	OR -REM FB DAC/LACRIM	1,971
21029	7004203	OR -REM CNTR B TMR FCL BN	3,570
22900	7004229	OR -EX ABD WALL TMR SUBF	2,632
23065	7004237	OR -BX ST SHLD SPRF	1,007
23066	7004245	OR -BX ST SHLD DP	2,588
23075	7004252	OR -EX ST TMR SHLD SQ	2,186
23076	7004260	OR -EX ST TMR SHLD DP S/I	2,514
23077	7004278	OR -RAD RES TMR ST SHLD	5,317
24077	7004286	OR-RAD RES TMR ST U ARM/E	4,832
45330	7004351	OR -SIG FLX DX	778
45331	7004369	OR -SIG FLX BX SGL/MULT	1,190
45332	7004377	OR -SIG FLX REM FB	1,162
45333	7004385	OR -SIG FLX REM LES CAUT	1,358
45334	7004393	OR -SIG FLX CONTRL BLDG	2,545
45337	7004401	OR -SIG FLX DEC VOLVUL	546

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
45338	7004419	OR -SIG FLX REM LES SNR	1,242
45341	7004435	OR -SIG FLX END US EXAM	585
45342	7004443	OR -SIG FLX US FNA/BX	807
17110	7004716	OR -DES FLAT WARTS <=14	514
17111	7004724	OR -DES FLAT WARTS >15	608
46910	7004773	OR -DES ANL LES SMPL ELEC	1,196
46917	7004781	OR -DES ANL LES SMPL LASR	2,092
46922	7004799	OR -DES ANL LES SMPL EXC	1,243
46924	7004807	OR -DES ANL LES EXT	2,425
	7004815	OR -LIG INT JUGULAR VEIN	744
45378	7004864	OR -COL FLX P-SF DX	1,458
45379	7004872	OR -COL FLX P-SF REM FB	1,880
45380	7004880	OR -COL FLX P-SF BX S/M	1,867
45382	7004898	OR -COL FLX P-SF CNTR BLD	3,325
45384	7004914	OR -COL FLX REM LES CAUT	2,074
45385	7004922	OR -COL FLX REM LES SNRE	1,961
54522	7004955	OR -ORCH PARTIAL	2,768
54535	7004963	OR -ORCH TMR ING AB EXP	3,489
54530	7004971	OR -ORCH TMR ING APR	2,368
15850	7004997	OR -REM SUT ANES SAME PHY	411
15851	7005002	OR -REM SUT ANES OTHER PH	458
49491	7005010	OR-RPR I GNL HERN<50 WK R	3,712
49492	7005028	OR -RPR I GNL HERN<50 WK	4,477
49495	7005036	OR -RPR I GNL HERN<.5Y R	1,917
49496	7005044	OR -RPR I GNL HERN<.5Y S	2,873
49500	7005051	OR -RPR I GNL HERN.5-5Y R	1,925
49501	7005069	OR -RPR I GNL HERN.5-5Y S	2,831
49505	7005077	OR -RPR I GNL HERN>5Y R	2,430
49507	7005085	OR -RPR I GNL HERN>5Y S	2,739
49520	7005093	OR -RPR R GNL HERN R	2,952
49521	7005101	OR -RPR R GNL HERN S	3,348
49525	7005119	OR -RPR SL GNL HERN	2,674
49540	7005127	OR -RPR LMBR HERN	3,140
49550	7005135	OR -RPR I FEM HERN R	2,690
49553	7005143	OR -RPR I FEM HERN I/S	2,952
49555	7005150	OR -RPR R FEM HERN R	2,797
49557	7005168	OR -RPR R FEM HERN I/S	3,382
49560	7005176	OR -RPR I INC/V HERN R	3,448
49561	7005184	OR -RPR I INC/V HERN I/S	4,347
49565	7005192	OR -RPR R INC/V HERN R	3,589

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
49566	7005200	OR -RPR R INC/V HERN I/S	4,386
49568	7005218	OR -IMP MESH INC/V HERN	1,255
49570	7005226	OR -RPR EPIGAST HERN R	1,951
49572	7005234	OR -RPR EPIGAST HERN I/S	2,407
49580	7005242	OR -RPR U HERN <5Y R	1,554
49582	7005259	OR -RPR U HERN <5Y I/S	2,255
49585	7005267	OR -RPR U HERN 5Y+ R	2,079
49587	7005275	OR -RPR U HERN 5Y+ I/S	2,221
49650	7005283	OR LAP HERNIA REPAIR INTL	2,003
49651	7005291	OR LAP HERNIA REP RECURRN	2,596
49659	7005309	OR LAP PROC HERNIA REPAIR	819
44640	7005424	OR -CLOS INT CUTAN FIS	6,564
44650	7005432	OR -CLOS EE/EO FIS	6,771
44660	7005440	OR -CLOS EV FIS NO I/B RE	6,258
43880	7005457	OR -CLOS GASTROCOLIC FIS	7,484
68770	7005481	OR -CLOS LACRIMAL FIS	2,900
19324	7005549	OR -MAM AUG NO PROST IMPL	2,462
33206	7005689	OR-REPL PACMKR ATRIAL PRM	2,121
33207	7005697	OR-REPL PACMKR VENTR PERM	2,258
33208	7005705	OR -REPL PACMKR A&V PERM	2,446
33210	7005713	OR -PACMKR TEMP SING	773
33211	7005721	OR -PACMKR TEMP DUAL	797
33212	7005739	OR-PACMKR PULS GEN S CHMB	1,503
33213	7005747	OR-PACMKR PULS GEN D CHMB	1,573
33216	7005754	OR -INS S CHMBR DEFIB	1,738
33217	7005762	OR -INS D CHMBR DEFIB	1,707
33222	7005770	OR -REV SKIN PCKET PCMKR	1,583
33223	7005788	OR-REV SKIN PCKET S/D CHMB	1,917
33249	7005796	OR-INS/REP LD S/D CHMB DF	4,305
55720	7005820	OR -DRN PROST AB SMPL	2,121
55725	7005838	OR -DRN PROST AB COMP	2,781
55801	7005846	OR -PROST P'NEAL SUBTOT	5,126
55810	7005853	OR -PROST P'NEAL RAD	6,145
55812	7005861	OR-PROST P RAD LYMPH ND	7,543
55821	7005879	OR -PROST S'PUB S 1-2STG	4,093
55831	7005887	OR -PROST R'PUB SUBTOT	4,428
55845	7005895	OR-PROST R'PUB LYMPHADEN	6,392
62270	7005945	OR -LUMB PUNCTURE DX	729
54692	7005986	OR -LAP ORCHIPXY INTR ABD	3,558
11770	7006000	OR -EX P CYST SMPL	1,276

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
11771	7006018	OR -EX P CYST EXT	2,666
11772	7006026	OR -EX P CYST COMP	3,211
10080	7006034	OR -I&D P CYST SMPL	828
10081	7006042	OR -I&D P CYST COMP	1,242
47001	7006067	OR-BX LIVER NDLE OTH MAJ P	490
47015	7006091	OR -LAP HEP PARASITC CYST	5,445
47100	7006109	OR -BX LIVER WEDGE	3,948
47120	7006117	OR -HEP RES LIVR PTL LOB	10,903
47122	7006125	OR -HEP RES LIVR TRISEGM	16,011
47125	7006133	OR -HEP RES LIVR T LT LOB	14,401
47130	7006141	OR -HEP RES LIVR T RT LOB	15,467
47379	7006174	OR LAP PROCECURE, LIVER	5,287
36825	7006182	OR -AV FIS AUTOGFT	3,754
36830	7006190	OR -AV FIS NONAUTOGRF	3,136
19281	7006216	OR -PERQ DEVICE BREAST 1ST IMAG	1,104
54550	7006331	OR -EXP UND TEST I/S APR	2,305
54560	7006349	OR -EXP UND TEST ABD EXP	3,219
54800	7006364	OR -BX EPIDIDYMIS NDLE	592
20552	7006372	OR -INJ TRG PNT 1-2MUS	254
20553	7006380	OR -INJ TRIG PNT=>3MUS	293
47562	7006414	OR LAP CHOLECYSTECTOMY	3,078
47564	7006430	OR LAP CHOLECYST EXPLORE	5,207
47570	7006448	OR LAP CHOLECYSTOENTEROST	3,631
19100	7006760	OR -BX BRST NDLE NO IMAG	694
19101	7006778	OR -BX BRST OP INCIS	1,575
19081	7006786	OR -BX BREAST 1ST LESION STRTCTC	3,174
26477	7006844	OR -SHRTN TND E HND/FNGR	2,659
26478	7006851	OR -LNGTH TND F HND/FNGR	2,831
26479	7006869	OR -SHRTN TND F HND/FNGR	2,873
38120	7007271	OR LAPAROSCOPI SPLENECTOMY	4,923
38500	7007289	OR -BX/EX LYMPH SUPRF	1,537
38505	7007297	OR -BX LYMPH NDLE SUPF	579
43520	7007479	OR -PYLOROMYOTOMY	3,198
43620	7007487	OR -GASTR T ESOPHGO	9,255
43621	7007495	OR -GASTR T ROUX EN Y	10,630
43622	7007503	OR -GASTR T POUCH	10,843
43631	7007511	OR -GASTR P DIS G'DUODEN	6,784
43632	7007529	OR -GASTR P DIS G'JEJUNOS	9,519
43633	7007545	OR -GASTR P DIS ROUX-EN-Y	8,998
43634	7007552	OR -GASTR P DIS POUCH	9,973

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
43635	7007560	OR -GASTR P PROX VAG	530
43640	7007586	OR -VAGOT PYLO TR/SEL	5,519
43246	7007610	OR -EGD PLACE GASTROSTOMY TUBE	951
43752	7007628	OR -NASO/ORO GASTR TUBE	191
43760	7007636	OR -CHANGE GASTR TUBE	2,279
43800	7007644	OR GASTRIC PYLOROPLASTY	4,347
43820	7007651	OR -GASTROJEJUNOST NO VAG	6,287
43830	7007669	OR -GASTR O NO GAST TUBE	3,272
43831	7007677	OR -GASTR O NEONATAL	2,781
43832	7007685	OR -GASTR O GASTR TUBE	4,848
43843	7007693	OR -GASTR RES OBESITY V B	6,001
43860	7007701	OR -REV G'JEJUNAL ANAST	7,665
44202	7007800	OR LAP ENTERECTOMY, INT REC	6,486
44203	7007818	OR LAP RESECT(S) INTEST, ADDITIONAL	1,148
44204	7007826	OR LAP PARTIAL COLECTOMY	7,209
44205	7007834	OR LAP COLECTOMY PART W/ILEUM	6,268
44970	7007891	OR -LAPAROSCOPY SURGICAL APPENDECTOMY	2,813
46200	7007925	OR -FISSURECTOMY	2,079
46270	7007933	OR -SURGICAL TREATMENT ANAL FISTULA SUBCUTANEOUS	2,365
46275	7007941	OR -SURGICAL TREATMENT ANAL FISTULA SUBMUSCULAR	2,511
46280	7007958	OR -SURGICAL TREATMENT ANAL FISTULA COMPLEX OR MULTIPLE	2,194
46600	7007974	OR -ANOSCOPY DIAGNOSTIC	412
46608	7007982	OR -ANOSCOPY WITH REMOVAL FOREIGN BODY	1,107
58550	7008121	OR -LAPAROSCOPY SURGICAL WITH VAGINAL HYSTERECTOMY	4,024
53661	7008535	DILATION FEMALE URETHRA SUBSEQUENT	322
53660	7008543	DILATION FEMALE URETHRA INITIAL	328
53621	7008550	DILATION MALE URETHRAL STRICTURE WITH FILIFORM INITIAL	509
53620	7008568	DILATION MALE URETHRAL STRICTURE WITH FILIFORM SUBSEQUENT	542
53601	7008576	DILATION MALE URETHRAL STRICTURE WITH SOUND SUBSEQUENT	378
53600	7008584	DILATION MALE URETHRAL STRICTURE WITH SOUND INITIAL	386
46706	7008592	REPAIR ANAL FISTULA WITH FIBRIN GLUE	823
31633	7008600	BRONCHOSCOPY WITH TRANSBRONCHIAL NEEDLE ASPIRATION	370
31632	7008618	BRONCHOSCOPY WITH TRANSBRONCHIAL LUNG BIOPSY	294
31637	7008626	BRONCHOSCOPY LUNG EACH ADDITIONAL MAJOR BRONCHUS STENTED	346



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
31638	7008634	BRONCHOSCOPY LUNG REVISION OF PREVIOUSLY INSERTED STENT	1,166
31636	7008659	BRONCHOSCOPY LUNG PLACEMENT STENT INITIAL BRONCHUS	1,031
50972	7008667	URETERAL ENDOSCOPY WITH CATHETERIZATION	1,683
47531	7008675	OR -INJECTION FOR CHOLANGIOGRAM	1,455
62225	7008691	REPLACEMENT OR IRRIGATION VENTRICULAR CATHETER	2,456
62194	7008709	REPLACEMENT OR IRRIGATION SUBARACHNOID OR	2,297
36584	7008717	REPLACEMENT PERIPHERALLY INSERTED CENTRAL VENOUS	943
36580	7008725	REPLACEMENT CENTRALLY INSERTED CENTRAL VENOUS CATHETER	985
61020	7008733	VENTRICULAR PUNCTURE THRU PREVIOUS BURR HOLE	464
42660	7008758	DILATION & CATHETERIZATION SALIVARY DUCT	601
52010	7008766	CYSTOURETHROSCOPY WITH EJACULATORY DUCT CATHETERIZATION	1,714
54163	7008782	REPAIR INCOMPLETE CIRCUMCISION	1,025
62010	7008790	ELEVATION DEPRESSED SKULL FRACTURE WITH REPAIR DURA	7,265
21627	7008808	STERNAL DEBRIDEMENT	2,507
11721	7008816	DEBRIDEMENT OF NAILS, 6 OR MORE	209
11720	7008824	DEBRIDEMENT OF NAILS, 1-5	152
11001	7008832	DEBRIDEMENT OF INFECTED SKIN EACH ADDITIONAL 10% OF	99
97598	7008840	SELECTIVE DEBRIDEMENT OF SURFACE AREA GREATER THAN 20 SQ	128
57135	7008857	EXCISION VAGINAL CYST OR TUMOR	883
60200	7008865	EXCISION CYST OR ADENOMA OF THYROID	3,051
21048	7008873	EXCISION BENIGN TUMOR OR CYST OF MAXILLA	5,285
21046	7008881	EXCISION BENIGN TUMOR OR CYST OF MANDIBLE	5,185
30125	7008899	EXCISION DERMOID CYST NOSE COMPLEX	2,747
30124	7008907	EXCISION DERMOID CYST NOSE SIMPLE	1,290
50290	7008915	EXCISION PERINEPHRIC CYST	4,211
51500	7008923	EXCISION URACHAL CYST OR SINUS	2,984
39200	7008931	EXCISION MEDIASTINAL TUMOR	4,090
21049	7008949	EXCISION BENIGN TUMOR OR CYST OF MAXILLA WITH	5,550
15136	7008956	DERMAL AUTOGRAFT FACE, SCALP, EYELIDS, MOUTH, NECK,	459
25116	7008964	EXCISION LESION TENDON SHEATH FOREARM AND/OR WRIST	2,790
54110	7008980	EXCISION PENILE PLAQUE (PEYRONIE DISEASE)	2,926
61616	7008998	OR -RESECTION/EXCISION LES'N BASE OF POST'R CRANIAL FOSSA,	15,580
61615	7009004	OR -RESECTION/EXCISION LES'N BASE OF POST'R CRANIAL FOSSA,	13,210
25110	7009012	RADICAL EXCISION BURSA, SYNOVIA OF WRIST OR FOREARM	1,581
31545	7009020	LARYNGOSCOPY WITH SUBMUCOSAL REMOVAL OF LESION OF	1,670

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	7009038	OR -EX/RPR LID TO 1/4 MRG	1,062
67801	7009046	EXCISION CHALAZION MULTIPLE SAME LID	750
67800	7009053	EXCISION CHALAZION SINGLE	588
66130	7009061	EXCISION LESION SCLERA	3,212
54830	7009079	EXCISION LESION EPIDIDYMIS	1,748
69540	7009087	EXCISION AURAL POLYP	947
69140	7009095	EXCISION EXOSTOSIS EXTERNAL AUDITORY CANAL	3,998
60605	7009103	EXCISION CAROTID BODY TUMOR WITH EXCISION OF CAROTID ARTERY	7,805
60600	7009111	EXCISION CAROTID BODY TUMOR WITHOUT EXCISION OF	6,441
28092	7009129	EXCISION LESION TOES, EACH	1,984
61500	7009137	CRANIECTOMY WITH EXCISION TUMOR OR LESION OF SKULL	6,189
45108	7009145	ANORECTAL MYOMECTOMY	1,728
63273	7009152	LAMINECTOMY EXCISION INTRASPINAL LESION OTHER THAN	8,845
	7009160	OR -EX/RPR LID >1/4 MRG	1,062
63271	7009178	LAMINECTOMY EXCISION INTRASPINAL LESION OTHER THAN	9,747
63270	7009186	LAMINECTOMY EXCISION INTRASPINAL LESION OTHER THAN	9,852
63265	7009194	LAMINECTOMY EXCISION INTRASPINAL LESION OTHER THAN	7,872
44110	7009202	EXCISION LESION SMALL OR LARGE INTESTINE SINGLE ENTEROTOMY	3,979
43257	7009210	ENDOSCOPY UPPER GASTROINTESTINAL TO	1,104
43236	7009228	ENDOSCOPY UPPER GASTROINTESTINAL WITH DIRECTED	1,516
63272	7009236	LAMINECTOMY EXCISION OR EVACUATION OF INTRASPINAL	8,935
43238	7009244	ENDOSCOPY UPPER GASTROINTESTINAL WITH FINE NEEDLE	1,106
	7009251	OTOPLASTY, PROTRUDING EAR, UNILATERAL, NON-COSMETIC	786
	7009269	OTOPLASTY, PROTRUDING EAR, BILATERAL, NON-COSMETIC	786
43237	7009277	ENDOSCOPY UPPER GASTROINTESTINAL WITH	933
10121	7009285	INCISION & REMOVAL FOREIGN BODY SUBCUTANEOUS	1,266
10120	7009293	INCISION & REMOVAL FOREIGN BODY SUBCUTANEOUS TISSUE SIMPLE	708
10160	7009301	PUNCTURE ASPIRATION ABSCESS OR CYST	600
27025	7009319	FASCIOTOMY HIP OR THIGH	4,281
10140	7009327	INCISION & DRAINAGE HEMATOMA, SEROMA OR FLUID COLLECTION	758
48000	7009335	PLACEMENT DRAINS PERIPANCREATIC	8,846
21502	7009343	INCISION & DRAINAGE DEEP ABSCESS OR HEMATOMA SOFT TISSUES	2,344
10180	7009350	INCISION & DRAINAGE COMPLEX POSTOPERATIVE WOUND INFECTION	1,141
29000	7009368	APPLICATION HALO TYPE BODY CAST	1,625
36000	7009376	PLACEMENT NEEDLE OR INTRACATHETER IN VEIN	120

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
50384	7009384	REMOVAL INTERNALLY DWELLING URETRAL STENT	4,016
50382	7009392	REMOVAL & REPLACEMENT INTERNALLY DWELLING URETRAL	5,114
15110	7009400	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS, 1ST 100 SQ CM	3,668
64505	7009418	INJECTION ANESTHETIC AGENT SPHENOPALATINE GANGLION	504
45381	7009426	COLONOSCOPY WITH DIRECT SUBMUCOSAL INJECTION	1,786
44389	7009442	COLONOSCOPY THRU STOMA WITH BIOPSY, SINGLE OR MULTIPLE	1,751
44394	7009467	COLONOSCOPY THRU STOMA WITH REMOVAL OF TUMORS, POLYPS	1,866
45392	7009475	COLONOSCOPY WITH ULTRASOUND GUIDED FINE NEEDLE	1,447
45391	7009483	COLONOSCOPY WITH ENDOSCOPIC ULTRASOUND EXAMINATION	1,225
44391	7009491	COLONOSCOPY THRU STOMA WITH CONTROL OF BLEEDING	3,199
45386	7009509	COLONOSCOPY WITH BALLOON DILATION 1 OR MORE STRICTURES	2,698
44392	7009517	COLONOSCOPY THRU STOMA WITH TRANSENDOSCOPIC	1,625
44388	7009525	COLONOSCOPY THRU STOMA DIAGNOSTIC	1,334
49590	7009533	REPAIR SPIGELIAN HERNIA	2,674
43332	7009541	OR -TRANSAB ESOPH HIAT HERN RPR	5,432
39541	7009558	REPAIR DIAPHRAGMATIC HERNIA CHRONIC	4,381
43336	7009566	OR -TRANSAB ESOPH HIAT HERN RPR	7,045
39503	7009608	OR -REPAIR NEONATAL DIAPHRAGMATIC HERNIA	27,097
39501	7009616	REPAIR LACERATION OF DIAPHRAGM	3,971
69140	7009624	EXCISION EXOSTOSIS EXTERNAL AUDITORY CANAL	3,998
21930	7009632	EXCISION TUMOR SOFT TISSUE BACK OR FLANK	2,195
58999	7009640	UNLISTED PROCEDURE FEMALE GENITAL SYSTEM, NONOBSTETRICAL	679
56700	7009657	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	852
58752	7009665	TUBOUTERINE IMPLANTATION	4,084
67227	7009681	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY,	1,343
67805	7009699	EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	933
68810	7009707	PROBE NASOLACRIMAL DUCT	713
65150	7009715	REINSERTION OCULAR IMPLANT	2,661
19371	7009723	REMOVAL OF BREAST CAPSULE	3,641
65155	7009970	REINSERTION OCULAR IMPLANT WITH USE OF FOREIGN MATERIAL	3,895
30901	7010002	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE	626
31546	7010010	LARYNGOSCOPY WITH SUBMUCOSAL REMOVAL OF LESION OF	2,538
31561	7010028	LARYNGOSCOPY WITH ARYTENOIDECTOMY	1,578
31527	7010036	LARYNGOSCOPY WITH INSERTION OF OBTURATOR	900

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
69420	7010044	MYRINGOTOMY WITH ASPIRATION AND/OR EUSTATION TUBE INFLATION	871
69433	7010051	TYMpanoplasty WITH TUBE	920
69424	7010069	VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA	582
31615	7010077	TRACHEOBRONCHOSCOPY THRU ESTABLISHED	770
21345	7010085	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE	3,549
92511	7010093	NASOPHARYNGOSCOPY WITH ENDOSCOPE	500
92700	7010101	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	1,356
69300	7010119	OTOPLASTY, PROTRUDING EAR, UNILATERAL, NON-COSMETIC	2,881
69644	7010127	TYMpanoplasty WITH MASTOIDECTOMY WITH INTACT	6,743
69643	7010135	TYMpanoplasty WITH MASTOIDECTOMY WITH INTACT	5,584
92961	7010143	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION	1,174
64479	7010150	INJECTION, ANESTHETIC AGENT AND/OR STEROID,	1,080
56821	7010168	COLPOSCOPY OF VULVA WITH BIOPSY	679
57421	7010176	COLPOSCOPY VAGINA WITH CERVIX	724
56820	7010184	COLPOSCOPY OF VULVA	517
57420	7010192	COLPOSCOPY VAGINA WITH CERVIX WITH BIOPSY OF VAGINA OR CERVIX	543
57456	7010200	COLPOSCOPY CERVIX INCLUDING UPPER/ADJACENT VAGINA	616
57461	7010218	COLPOSCOPY CERVIX INCLUDING UPPER/ADJACENT VAGINA	1,458
58110	7010226	BIOPSY ENDOMETRIAL SAMPLING IN CONJUNCTION WITH COLPOSCOPY	221
57455	7010234	COLPOSCOPY CERVIX INCLUDING UPPER/ADJACENT VAGINA WITH	653
99170	7010242	ANOGENITAL EXAMINATION WITH COLPOSCOPIC MAGNIFICATION	726
27520	7010259	CLOSED TREATMENT OF PATELLAR FRACTURE WITHOUT MANIPULATION	1,499
50387	7010267	REMOVAL & REPLACEMENT EXTERNALLY ACCESSIBLE	2,254
30450	7010275	RHINOPLASTY SECONDARY MAJOR REVISION, NON-COSMETIC	7,062
25260	7010291	OR -TENDON RPR ARM FLEXOR	2,926
25270	7010309	OR -TENDON RPR ARM EXTENSOR	2,276
27650	7010317	OR -TENDON RPR LEG ACHILLES	3,059
27658	7010325	OR -TENDON RPR LEG FLEXOR	1,725
27664	7010333	OR -TENDON RPR LEG EXTENSOR	1,681
38129	7010358	OR LAPAROSCOPE PROC, SPLEEN	5,287
L1834	7105752	OR -KNEE ORTH CUST FAB	107
38570	7010374	OR LAPAROSCOPY, LYMPH NODE BIOPSY	2,370
43279	7010382	OR LAPAROSCOPIC ESOPHAGOMYOTOMY	6,037

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
43280	7010390	OR LAPAROSCOPY, FUNDOPLASTY	5,062
43281	7010408	OR LAP REPAIR PARAESOPHAGEAL HERNIA	7,230
43282	7010416	OR LAP REP PARAESOPH HERNIA W/MESH	8,130
43289	7010424	OR LAPAROSCOPE PROC, ESOPH	5,287
43644	7010432	OR LAP GASTRIC BYPASS/ROUX-EN-Y	8,108
43645	7010440	OR LAP GASTR BYPASS INCL SMALL INTE	8,635
43651	7010457	OR LAPAROSCOPY, VAGUS NERVE	3,064
43652	7010465	OR LAPAROSCOPY, VAGUS NERVE	3,579
43653	7010473	OR LAPAROSCOPY, GASTROSTOMY	2,680
43659	7010481	OR LAPAROSCOPE PROC, STOMACH	5,287
43770	7010499	OR LAP PLACE GASTRIC ADJUST DEVICE	5,246
43771	7010507	OR LAP REVISE GASTRIC ADJUST DEVICE	5,972
43772	7010515	OR LAP PLACE GASTRIC ADJUST DEVICE	4,465
43773	7010523	OR LAP REPLACE GASTRIC ADJ DEVICE	5,987
43774	7010531	OR LAP REMV GASTRIC RESTRC DEV/PORT	4,493
43775	7010549	OR LAP GASTRIC PROC, LONG GASTRECTMY	5,227
44180	7010556	OR LAP, ENTEROLYSIS	4,305
44186	7010564	OR LAP, JEJUNOSTOMY	3,043
44187	7010572	OR LAP, ILEO/JEJUNO-STOMY	5,172
44206	7010598	OR LAP PART COLECTOMY W/STOMA	8,206
44207	7010606	OR LAP COLECTOMY/COLOPROCTOSTOMY	8,530
44208	7010614	OR LAP COLECTOMY/COLOPROCTOSTOMY	9,306
44210	7010622	OR LAP TOTAL PROCTOCOLECTOMY	8,350
44211	7010630	OR LAP COLECTOMY W/PROCTECTOMY	10,027
44212	7010648	OR LAP TOTAL PROCTOCOLECTOMY	9,582
44213	7010655	OR LAP, MOBIL SPLENIC FL ADD-ON	884
44227	7010663	OR LAP, CLOSE ENTEROSTOMY	7,802
44238	7010671	OR LAP PROCEDURE, INTESTINE	5,287
45395	7010689	OR LAP, REMOVAL OF RECTUM	9,263
45397	7010697	OR LAP, REMOVE RECTUM W/POUCH	10,091
45400	7010705	OR LAPAROSCOPIC PROCEDURE	5,348
45402	7010713	OR LAP PROCTOPEXY W/SIG RESECT	7,118
45499	7010721	OR LAPAROSCOPE PROC, RECTUM	5,287
47579	7010739	OR LAPAROSCOPE PROC, BILIARY	5,287
49320	7010747	OR DIAGNOSTIC LAPAROSCOPY	1,525
49321	7010754	OR LAPAROSCOPY, BIOPSY	1,613
49322	7010762	OR LAPAROSCOPY, ASPIRATION	1,728
49323	7010770	OR LAP DRAIN LYMPHOCELE	2,976
49324	7010788	OR LAP INSERT PERM INTRAPERITN CATH	1,819
49325	7010796	OR LAP REV PERM INTRAPERITONL CATH	1,934

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
49326	7010804	OR LAP W/OMENTOPEXY ADD-ON	886
49329	7010812	OR LAP PROC, ABD/PERITONEUM OMENTUM	5,287
49652	7010820	OR LAP HERNIA REP VENTRAL/UMBILICAL	3,477
49653	7010838	OR LAP HERNIA REP VENTRAL/UMBIL INC	4,336
49654	7010846	OR LAP HERNIA REP INCISIONAL,REDUC	3,954
49655	7010853	OR LAP HERNIA REP INCISIONAL, INCAR	4,826
49656	7010861	OR LAP HERNIA REP INCISIONAL, RECUR	4,291
49657	7010879	OR LAP HERN REP INCIS, RECUR/INCIS	6,172
50546	7010887	OR LAPAROSCOPIC NEPHRECTOMY	5,639
50548	7010895	OR LAP NEPHRECTOMY W/URETER	6,313
	7010903	OR -LAP SURG APPENDECTOMY	930
	7010911	OR - EXAM UNDER ANESTH	986
16025	7010929	OR -DRESS/DEBRID P-THICK BURN M	682
16030	7010937	OR -DRESS/DEBRID P-THICK BURN L	863
97597	7010945	OR -RMVL DEVITAL TIS 20 CM/<	383
97598	7010952	OR -RMVL DEVITAL TIS ADDL 20CM/<	128
19301	7010960	OR -PARTIAL MASTECTOMY	3,034
19302	7010978	OR -P-MASTECTOMY W/LN REMOVAL	4,184
19303	7010986	OR -MAST SIMPLE COMPLETE	4,467
19304	7010994	OR -MAST SUBQ	2,684
19305	7011000	OR -MAST RADICAL	5,259
19306	7011018	OR -MAST RAD URBAN TYPE	5,589
19307	7011026	OR -MAST MOD RAD	5,571
49204	7011034	OR -EXC ABD TUM OVER 5 CM	7,175
49205	7011042	OR -EXC ABD TUM OVER 10 CM	8,237
49406	7011059	OR -IMAGE CATH FLUID PERI/RETRO	3,710
49405	7011067	OR -IMAGE CATH FLUID COLXN VISC	3,712
49405	7011075	OR -IMAGE CATH FLUID COLXN VISC	3,712
19282	7011083	OR -PERQ DEVICE BREAST EA IMAG	766
19283	7011091	OR -PERQ DEV BREAST 1ST STRTCTC	1,248
19284	7011109	OR -PERQ DEV BREAST ADD STRTCTC	939
19082	7011117	OR -BX BREAST ADD LESION STRTCTC	2,621
19083	7011125	OR -BX BREAST 1ST LESION US IMAG	3,086
19084	7011133	OR -BX BREAST ADD LESION US IMAG	2,516
19085	7011141	OR -BX BREAST 1ST LESION MR IMAG	4,611
19086	7011158	OR -BX BREAST ADD LESION MR IMAG	3,736
47532	7011166	OR -INJECTION FOR CHOLANGIOGRAM	3,660
43337	7011174	OR -THORABD DIAPHR HERN REPAIR	7,256
43124	7011182	OR -REMOVAL OF ESOPHAGUS	17,817
19370	7012016	SURGERY OF BREAST CAPSULE	3,188

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
44188	7020589	OR LAP, COLOSTOMY	5,744
23330	7100068	OR -SHLD REM FB SUBQ	1,266
29834	7100076	OR -ARTH ELB REM FB	2,263
29861	7100084	OR -ARTH HIP REM FB	3,363
29874	7100092	OR -ARTH KNEE REM FB	2,498
29894	7100100	OR -ARTH ANK REM FB	2,284
29820	7100118	OR -ARTH SHLD SYN PTL	2,485
29835	7100126	OR -ARTH ELB SYN PTL	2,368
29844	7100134	OR -ARTH RST SYN PTL	2,312
29875	7100159	OR -ARTH KNEE SYNOV LMTD	2,309
29876	7100167	OR -ARTH KNEE SYNOV MAJ	3,064
29895	7100175	OR -ARTH ANK SYN PTL	2,186
29821	7100183	OR -ARTH SHLD SYN COMP	2,722
29836	7100191	OR -ARTH ELB SYN COMP	2,713
29845	7100209	OR -ARTH RST SYN COMP	2,682
29862	7100217	OR -ARTH HIP DBR/ABR/RES	3,752
29879	7100225	OR -ARTH KNEE ABR/DRL/FX	3,086
29880	7100233	OR -ARTH KNEE MENISCECTOM	2,621
29881	7100241	OR -ARTH KNEE MENISCECTOM	2,522
29882	7100258	OR -ARTH KNEE M RPR M/L	3,259
29883	7100266	OR -ARTH KNEE M RPR M&L	3,932
64721	7100274	OR-NEURO&/TR MED NRV@CRPL	1,995
29848	7100282	OR -END RST REL CRP LIG	2,383
23505	7100290	OR -FX.CT CLAV MAN	1,633
23525	7100308	OR -DL.CT ST CLAV MAN	1,788
23540	7100316	OR -DL.CT AC JNT NO MAN	1,043
23575	7100324	OR -FX.CT SCAPLR FX MAN	1,864
23605	7100332	OR -FX.CL HUM PX MAN	2,145
23655	7100357	OR-DL.CT SHLDR MAN U ANES	1,862
23665	7100365	OR -FX.CT SHLDR DL & >TH	1,969
23675	7100373	OR -FX.CT SHLDR DL & NK	2,540
24500	7100381	OR -FX.CT HUM NO MAN	1,662
24530	7100399	OR -FX.CT S/T HUM NO MAN	1,764
24560	7100407	OR -FX.CT E HUM NO MAN	1,489
24576	7100415	OR -FX.CT C HUM NO MAN	1,578
24600	7100423	OR -DL.CT ELB NO ANES	1,691
24620	7100431	OR -FX/DL.CT ELB MAN	2,558
24640	7100449	OR -FX.CT RAD HD MAN	459
24655	7100456	OR -FX.CT RAD HD/NK MAN	2,029
25530	7100464	OR -FX.CT ULN SHFT NO MAN	1,219

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
25505	7100472	OR -FX.CL RAD MAN	2,302
25530	7100480	OR -FX.CL ULN NO MAN	1,219
25560	7100498	OR -FX.CT RAD&ULN NO MAN	1,290
25600	7100506	OR -FX.CT D RAD NO MAN	1,523
25622	7100514	OR -FX.CT C SCAPH NO MAN	1,416
25630	7100522	OR -FX.CT CARP BN NO MAN	1,418
25660	7100530	OR -DL.CT R/I CARP MAN	1,919
25675	7100548	OR -DL.CT D RAD MAN	2,006
25680	7100555	OR -FX/DL.CT T SCAPH MN	2,419
25690	7100563	OR -DL.CT LUNATE MAN	2,233
26600	7100571	OR -FX.CT M'CRP NO MAN	1,363
26607	7100589	OR -FX.CT M'CRP /FIX&M	2,128
26641	7100597	OR -DL.CT THMB MAN	1,773
26645	7100605	OR -FX/DL.CT THMB MAN	1,985
26675	7100613	OR -DL.CT CRP&MCRP MAN U	2,110
26705	7100621	OR-DL.CT M'CRP PHAL MAN&A	1,914
26725	7100639	OR -FX.CT PHALN P/M MAN	1,557
26742	7100647	OR -FX.CT MI PHAL JNT MAN	1,714
26755	7100654	OR -FX.CT D PHAL MAN	1,455
26775	7100662	OR -DL.CT IP JNT MAN&ANES	1,765
27222	7100670	OR -FX.CT ACETB MAN	4,530
27510	7100688	OR -FX.CT FEM DIS MAN	3,175
27240	7100696	OR -FX.CT IPS FEM MAN	4,467
27252	7100704	OR -DL.CT HIP U ANES	3,523
27275	7100712	OR -MAN HIP JNT U ANES	850
27257	7100720	OR -DL.TX S HIP MAN&ANES	1,697
27266	7100738	OR -DL.CT P HIP A U ANES	2,701
27502	7100746	OR -FX.CT FEM MAN	3,529
27503	7100753	OR -FX.CT S/T FEM MAN	3,731
27502	7100761	OR -FX/DL.CT FEM MAN	3,529
27530	7100787	OR -FX.CT TIBIA PX NO MAN	1,403
27538	7100795	OR -FX.CT INTRCONDYL/KNEE	2,200
27552	7100803	OR -DL.CT KNEE ANES	2,897
27562	7100811	OR -DL.CT PATELL U ANES	2,249
27570	7100829	OR -MAN KNEE JNT U ANES	700
27750	7100837	OR -FX.CT TIB SHFT NO MAN	1,607
27762	7100845	OR -FX.CT MED MALL MAN	2,178
27781	7100852	OR -FX.CT PROX FIB MAN	1,984
27788	7100860	OR -FX.CT DIST FIB MAN	1,950
27810	7100878	OR -FX.CT BIM ANKL MAN	2,158



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
27818	7100886	OR -FX.CT TRIM ANKL MAN	2,242
27752	7100894	OR -FX.CT TIB SHFT MAN	2,483
27831	7100902	OR -DL.CT P TIBFB JNT ANE	1,861
27842	7100910	OR -DL.CT ANKL U ANES	2,292
27860	7100928	OR -MAN ANK U ANAS	812
28405	7100936	OR -FX.CT CALCANL MAN	1,814
28435	7100944	OR -FX.CT TALUS MAN	1,683
28455	7100951	OR -FX.TX TARSAL BN MAN	1,337
28475	7100969	OR -FX.CT M'TARSL MAN	1,183
28495	7100977	OR -FX.CT GRT TOE MAN	828
28515	7100985	OR -FX.CT OTHR TOE MAN	753
28545	7100993	OR -DL.CT TARSAL U ANES	1,385
28575	7101009	OR -DL.CT TTARSL JNT U AN	1,706
28605	7101017	OR -DL.CT TMTARSL JT U AN	1,531
28635	7101025	OR -DL.CT MTPL JNT U ANES	826
28665	7101033	OR -DL.CT IP JNT /A	724
27347	7101132	OR -EX LSN MNS/CAP KNEE	2,457
26160	7101165	OR -EX LSN TNDN S/JNT H/F	2,658
28090	7101173	OR -EX LSN TNDN FT	2,200
27345	7101181	OR -EX SYN CST POPLTL	2,231
24105	7101199	OR -EX OLECRANON BRSA	1,628
27062	7101207	OR -EX TROCH BRSA/CALC	2,118
27060	7101215	OR -EX ISCHL BRSA	2,165
27340	7101223	OR -EX PREPATELLAR BRSA	1,725
25115	7101231	OR RD EX BRSA SYN F TF	3,531
64776	7101256	OR -EX NRMA DIGIT NRV	1,817
64778	7101264	OR -EX NRMA DIGIT NRV ADL	858
22100	7101447	OR -PTL EX P V C 1 CERV	4,244
22101	7101454	OR -PTL EX P V C 1 THR	4,213
22102	7101462	OR -PTL EX P V C 1 LMBR	3,707
22103	7101470	OR -PTL EX P V C EA ADL	663
22112	7101496	OR -PTL EX V BDY 1 THR	5,277
22114	7101504	OR -PTL EX V BDY 1 LMBR	5,277
22116	7101512	OR -PTL EX V BDY EA ADL	668
24410	7101520	OR -OSTEO REALIGN ROD/HUM	4,928
27355	7101538	OR -EX B TMR FEM	2,805
28100	7101546	OR -EX B TMR TAL/CAL	2,865
28104	7101553	OR -EX B TMR TAR/MT NO TC	2,473
28108	7101561	OR -EX B TMR PHALANGES FT	2,060
28171	7101579	OR -RES TMR BN TARSAL	5,214

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
28173	7101587	OR -RES TMR BN M'TARSAL	3,507
28175	7101595	OR-RES TMR BN PHALANX TOE	2,218
64774	7101603	OR -EX NRMA CUT NRV OR ID	1,916
64786	7101611	OR -EX NRMA SCIATIC NRV	4,675
28285	7101678	OR -COR HAMMERTOE	2,504
28286	7101686	OR -COR COCK-UP 5TH TOE	2,111
28288	7101694	OR -OST PTL E/C METATRSL	2,829
28289	7101702	OR -COR HALL RIG C/D	3,481
28292	7101710	OR -CORRECTION HALLUX VALGUS	3,516
28292	7101728	OR -COR HALL VAL K/M/M	3,516
28291	7101736	OR -CORRJ HALUX RIGDUS W/IMPLT	3,397
28899	7101744	OR -FOOT/TOES SURGERY PROCEDURE	716
28296	7101751	OR -COR HALL VAL MT OST	4,260
28297	7101769	OR -COR HALL VAL LAPIDUS	4,887
28298	7101777	OR -COR HALL VAL PHLX OST	3,990
28299	7101785	OR -COR HALL VAL DBLE OST	4,708
27301	7101942	OR -I&D DP ABS TH/KNEE	3,127
27303	7101959	OR -INC DP BN C/FEM/KNEE	2,970
20650	7101991	OR-INS WIRE/PIN&SKEL TRCT	978
20670	7102007	OR -REM IMPL SUPF	1,748
20680	7102015	OR -REM IMPL DEEP	2,858
	7102171	OR -RPR D E TND INS CL	679
22318	7102304	OR -FX.OT ODONTOID NO GFT	7,697
22325	7102312	OR -FX.OT VERTEBR PA LMBR	6,754
22326	7102320	OR -FX.OT VERTEBR PA CERV	7,018
22327	7102338	OR -FX.OT VERTEBR PA THRC	7,050
22328	7102346	OR -FX.OT VERTEBR PA ADL	1,334
23515	7102353	OR -FX.OT CLAV	3,346
23530	7102361	OR -DL.OT ST CLAV AC/CHR	2,663
23550	7102379	OR -DL.OT AC JNT AC/CHR	2,613
23552	7102387	OR -DL.OT AC JNT F GFT	3,041
23585	7102395	OR -FX.OT SCAPLR	4,562
23615	7102403	OR -FX.OT HUM PX	4,118
23616	7102411	OR -FX.OT HUM PX PROSTH	5,780
23630	7102429	OR -FX.OT HUM >TUB	3,626
23660	7102437	OR -DL.OT SHLDR ACUTE	2,710
23670	7102445	OR -FX.OT SHLDR DL & >TH	4,069
23680	7102452	OR-FX.OT SHLDR DL & NK FX	4,326
24505	7102460	OR -FX.CT HUM MAN	2,299
24515	7102478	OR -FX.OT HUM P/S	4,077

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
24545	7102486	OR -FX.OT S/T HUM NO I EX	4,329
24575	7102494	OR -FX.OT E HUM	3,414
24579	7102502	OR -FX.OT C HUM	3,888
24586	7102510	OR -FX.OT PERIART&/DL ELB	5,050
24615	7102528	OR -DL.OT ELB ACUTE/CHR	3,316
24635	7102536	OR -FX/DL.OT ELB	3,133
24665	7102544	OR -FX.OT RAD HD/NK	3,038
24666	7102551	OR -FX.OT RAD HD/NK PRO	3,408
24685	7102569	OR -FX.OT ULN PROX	3,041
25515	7102577	OR -FX.OT RAD	3,110
25525	7102585	OR -FX.OT RAD FIX&JNT	3,649
25526	7102593	OR -FX.OT RAD FIX&TFC	4,447
25545	7102601	OR -FX.OT ULN	2,889
25574	7102619	OR -FX.OT RAD&ULN F R/U	3,130
25575	7102627	OR -FX.OT RAD&ULN F R&U	4,189
25606	7102635	OR -TREAT FX DISTAL RADIAL	3,081
25628	7102643	OR -FX.OT C SCAPH	3,345
25645	7102650	OR -FX.OT CARP BN EA	2,646
25652	7102668	OR -FX.OT ULN STYLOID	2,895
25670	7102676	OR -DL.OT R/I CARP	2,805
25676	7102684	OR -DL.OT D RAD ACUTE/CHR	2,926
25685	7102692	OR -FX/DL.OT T SCAPH	3,424
25695	7102700	OR -DL.OT LUNATE	2,946
26615	7102718	OR -FX.OT M'CRP EA BN	2,676
26665	7102726	OR -FX/DL.OT CP/MC THMB	2,910
26685	7102734	OR -DL.OT CRP&MCRP NO THB	2,677
26715	7102742	OR -DL.OT M'CRPOPHALNGL	2,661
26735	7102759	OR -FX.OT PHALN P/M	2,769
26765	7102767	OR -FX.OT D PHAL	2,323
26785	7102775	OR -DL.OT IP JNT FINGER	2,540
27202	7102783	OR -FX.OT COCCYGEAL	2,482
27215	7102791	OR -FX.OT ILIAC SPNE/WING	2,915
27217	7102809	OR-FX/DL OT ANTERIOR RING	4,051
27218	7102817	OR -FX/DL OT POST RING	5,594
27226	7102825	OR -FX.OT P/A ACETB WALL	4,908
27227	7102833	OR -FX.OT ACETB 1 A/P COL	7,752
27228	7102841	OR -FX.OT ACETB 2 A/P COL	8,801
27236	7102858	OR -FX.OT FEM PRX	5,577
27244	7102866	OR -FX.TX IPS FEM PL/SC	5,742
27245	7102874	OR-FX.TX IPS FEM I M IMPL	5,742

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
27248	7102882	OR -FX.OT >TROCH	3,461
27253	7102890	OR -DL.OT HIP NO FIX	4,373
27254	7102908	OR -DL.OT HIP A&F	5,923
27258	7102916	OR -DL.OT S HIP	5,181
27259	7102924	OR -DL.OT S HIP FSS	7,257
27506	7102932	OR -FX.OT FEM IMPL	6,240
27507	7102940	OR -FX.OT FEM P/S	4,533
27511	7102957	OR -FX.OT FEM S/T NO EXT	4,648
27513	7102965	OR -FX.OT FEM S/T EXT	5,788
27514	7102973	OR -FX.OT FEM DIST	4,507
27524	7102999	OR -FX.OT PATELLAR	3,498
27535	7103005	OR -FX.OT TIBIA PX UNICON	4,181
27536	7103013	OR -FX.OT TIBIA PX BICOND	5,547
27540	7103021	OR -FX.OT INTRCONDYL/KNEE	3,759
27556	7103039	OR -DL.OT KNEE NO LIG/A/R	4,092
27557	7103047	OR -DL.OT KNEE LIG	4,895
27558	7103054	OR -DL.OT KNEE LIG/A/R	5,584
27566	7103062	OR -DL.OT PATELL	4,171
27758	7103070	OR -FX.OT TIBIA PLATE/SCR	4,150
27759	7103088	OR -FX.TX TIBIA I M IMPL	4,654
27766	7103096	OR -FX.OT MED MALL	2,824
27784	7103104	OR -FX.OT PROX FIB	3,311
27792	7103112	OR -FX.OT DIST FIB	3,023
27814	7103120	OR -FX.OT BIM ANKL	3,586
27822	7103138	OR -FX.OT TRIM ANKL NO FX	3,992
27823	7103146	OR -FX.OT TRIM ANKL FIX	4,522
27826	7103153	OR -FX.OT WT BRG D TIB I/E FIX FIB	3,928
27827	7103161	OR -FX.OT WT BRG D TIB I/E FIX TIB	5,114
27828	7103179	OR -FX.OT WT BRG D TIB I/E FIX TB&F	6,113
27829	7103187	OR -DL.OT D TIBFB JNT	3,233
27832	7103195	OR -DL.OT P TIBFB JNT	3,524
27846	7103203	OR -DL.OT ANKL	3,345
27848	7103211	OR -DL.OT ANKL RPR/FIX	3,722
28415	7103229	OR -FX.OT CALCANL	5,209
28420	7103237	OR -FX.OT CALCANL GFT	5,902
28445	7103245	OR -FX.OT TALUS	4,915
28465	7103252	OR -FX.OT TARSAL	2,942
28485	7103260	OR -FX.OT M'TARSAL	2,522
28505	7103278	OR -FX.OT GRT TOE	3,117
28525	7103286	OR -FX.OT OTHR TOE	2,658

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
28531	7103294	OR -FX.OT SESAMOID	1,602
28555	7103302	OR -DL.OT TARSAL	4,061
28585	7103310	OR -DL.OT TTARSL JNT	4,030
28615	7103328	OR -DL.OT TMTARSL JNT	3,746
28645	7103336	OR -DL.OT MTPL JNT	3,051
28675	7103344	OR -DL.OT IP JNT TOE	2,693
20525	7103351	OR -REM FB MUS/TDN DP/COM	2,213
23333	7103393	OR -REMOVE SHOULDER FB DEEP	2,165
23335	7103401	OR -SHOULDER PROSTHESIS REMOVAL	5,970
24201	7103435	OR -REM FB U ARM/ELB DP	2,554
25248	7103468	OR -EXP/REM D FB F'ARM/WR	1,914
27087	7103518	OR -REM FB PELV/HIP DP	2,842
29800	7104375	OR -ARTH TMJ DX	2,461
29804	7104383	OR -ARTH TMJ SURG	2,986
29805	7104391	OR -ARTH SHLD DX	2,197
29840	7104409	OR -ARTH RST DX	2,105
29843	7104417	OR -ARTH RST DRN INFECTN	2,258
29860	7104425	OR -ARTH HIP DX	3,112
29870	7104433	OR -ARTH KNEE DX	2,680
29871	7104441	OR -ARTH KNEE L&D INFECTN	2,399
29900	7104458	OR -ARTH MCPHAL JNT DX	2,309
L1840	7105760	OR -KNEE ORTH DEROT MEDBL	107
L1843	7105778	OR -KNEE ORTH SNG JT PREF	107
L1844	7105786	OR -KNEE ORTH SNG JT CUST	107
23470	7104581	OR -ARTH G HUM JNT HEMIAR	5,590
23472	7104599	OR -ARTH G HUM JNT T SHLD	6,792
26535	7104680	OR -ARTHROPLASTY IP JNT	1,977
26536	7104698	OR -ARTH IP JNT PROSTH	3,256
26530	7104706	OR -ARTH MCP JNT EA	2,499
26531	7104714	OR -ARTH MCP JNT PROSTH	2,900
24145	7105109	OR -PTL EX BN RAD HD/NCK	2,755
24147	7105117	OR -PTL EX BN OLECRAN PRO	2,895
26200	7105265	OR -EX B TMR M'CRP	2,087
26210	7105281	OR -EX B TMR PHAL F	2,053
26230	7105307	OR -PTL EX BN METACRP	2,323
L1800	7105679	OR -KNEE ORTH EL STAYS	107
L1845	7105794	OR -KNEE ORTH DBL JT PREF	107
L1815	7105695	OR -KNEE ORTH EL CND PD	107
L1846	7105802	OR -KNEE ORTH DBL JT CUST	107
L1825	7105729	OR -KNEE ORTH EL KNEE CAP	107

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
L1847	7105810	OR -KNEE ORTH DBL AIR CHM	107
L1850	7105828	OR -KNEE ORTH SEDLH PREF	107
L1860	7105851	OR -KNEE ORTH MDBLS'COND	107
L3807	2525384	PT SUPPL WRIST SPLNT	36
L3807	2525442	PT SUPPL HND/WRST SPLINT	358
L3807	4325163	CR PT SUPPLY HND/WRST SPLINT	358
L3807	6025357	HC PT SUPPL WRIST SPLNT	886
L3807	6025399	HC PT SUPPL HND/WRST SPLINT	886
L3807	6825251	DH PT SUPPLY WRIST SPLINT	36
L3807	6825301	DH PT SUPPLY HND/WRST SPLINT	358
L1855	7105836	OR -KNEE ORTH MLDBLPLSTC	107
L1858	7105844	OR -KNEE ORTH POLYC/PN PD	107
L4350	2525392	PT SUPPL ANKLE AIR STIR	100
L1870	7105869	OR -KNEE ORTH DBL LACERS	107
L1885	7105877	OR -KNEE ORTH DBL CUFFS	107
L1880	7105885	OR -KNEE ORTH S/D RESIST	107
20693	7106073	OR -REV E FIX SYST U ANES	2,061
20694	7106081	OR -REM E FIX SYST U ANES	1,971
20900	7106099	OR -BN GFT ANY D AREA MIN	1,922
21453	7106917	OR-CLOSED TREAT MADI F FI	4,224
25000	7106925	OR-INCI EXTE TEND SHEA WR	1,563
25565	7106933	OR-CLOSED TREAT OF RAD/UL	2,393
25605	7106941	OR-CLSD TREAT DIS RAD FRA	2,512
26055	7106958	OR-TENDON SHEATH INCIS	2,582
26123	7106966	OR-FASCIECTOMY PARTI PALM	3,878
26418	7106974	OR-REP EXTEN TENDON FING	2,642
28730	7106982	OR-ARTHROD MIDTARS/TASOME	3,426
29822	7106990	OR-ARTHROSCOPY SHOUL SURG	2,642
29823	7107014	OR-ARTHROSCOPY SHOU DEBRI	2,878
23120	7107022	OR-DIATAL CLAVICULECTOMY	2,716
29826	7107030	OR-ARTHROSCOPY SHOUD SURG	823
31276	7107105	OR-NASAL SINUS ENDO SURG W FRONT SI	1,754
31287	7107113	OR-NASAL/SIN ENDOS SUR	934
29877	7107147	OR-ARTHROSCOPY KNEE SURG	2,894
31231	7107154	OR-NASAL ENDOSCOPY DIAGNOSTIC	964
	7107162	OR-NASAL/SINUS ENDOPSCOPY	716
31288	7107170	OR-NASAL/ENDOSCOPY W/SPHE	1,086
31256	7107188	OR-NASAL,SINUS ENDO W/MAXILL ANTRO	836
	7107196	OR-NASAL SINUS ENDOSCOPY SURGICAL	716
27600	7107204	OR FASIOTOMY LEG ANTERIOR/LATERAL	1,883

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
27601	7107212	OR FASIOTOMY LEG POSTERIOR	2,082
27602	7107220	OR FASIOTOMY LEG ANERIOR/LAT & POST	2,268
27603	7107238	OR DRAIN LOWER LEG LESION	2,451
27604	7107246	OR DRAIN LOWER LEG BURSA	2,218
26236	7107253	OR -PARTIAL REMOVAL FINGER BONE	2,048
28124	7107261	OR -PARTIAL REMOVAL OF TOE	2,233
28160	7107279	OR -PARTIAL REMOVAL OF TOE	1,953
45346	7107287	OR -SIGMOIDOSCOPY W/ABLATION	14,141
25607	7107295	OR -TREAT FX RAD EXTRA-ARTICUL	3,414
25608	7107303	OR -TREAT FX RAD INTRA-ARTICUL	3,833
25609	7107311	OR -TREAT FX RADIAL 3+ FRAG	4,873
23334	7107329	OR -SHOULDER PROSTHESIS REMOVAL	5,015
30400	7200009	OR -RHINO PRIM LAT & ALT CART &/OR	4,829
15835	7200496	OR -REMOVAL OF SKIN BUTTOCK UNILATE	4,352
67961	7200983	OR -EX/RPR LID TO 1/4 MRG	2,653
67966	7200991	OR -EX/RPR LID >1/4 MRG	3,540
15876	7201486	OR -SUC ASST LIPECT HD&NK COS	2,368
15877	7201494	OR -SUC ASST LIPECT TRNK COS	2,368
15878	7201502	OR -SUC ASST LIPECT U EXT COS	2,368
15879	7201510	OR -SUC ASST LIPECT L EXT UNI COS	2,368
21330	7201536	OR -FX.OT NASAL COMP	2,609
21339	7201569	OR -FX.OT NASOETH E FIX	3,447
21343	7201577	OR -FX.OT DPRSD FRNTL SIN	4,949
21344	7201585	OR -FX.OT COMP FRNTL SIN	6,352
21356	7201601	OR -FX OT ZYGO ARCH DPRSD	2,312
21360	7201619	OR -FX.OT MALAR DEP Z&M	2,490
21365	7201627	OR -FX.OT MALAR AREA COMP	5,164
21385	7201635	OR -FX.OT ORBIT FL TRANSA	3,553
21386	7201643	OR -FX.OT ORBIT FL PERIOR	3,243
21387	7201650	OR -FX.OT ORBIT FL COMBD	3,705
21406	7201668	OR -FX.OT ORBIT NO IMPL	2,669
21422	7201676	OR -FX.OT PALAT/MAXIL	3,122
21432	7201684	OR -DL.OT CRANIOFAC I FIX	3,345
21433	7201692	OR -DL.OT CRANIOFAC MULT	8,112
21435	7201700	OR -DL.OT CRANIOFAC E FIX	6,544
21445	7201718	OR -FX.OT MAND/MAX RDG	3,591
21454	7201726	OR -FX.OT MAND W EXTERNAL	2,624
21461	7201734	OR -FX.OT MAND NO FIX	9,878
21462	7201742	OR -FX.OT MAND W INTERDE	10,534
21465	7201759	OR -FX.OT MAND & COND	4,328

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
21470	7201767	OR -FX.OT MAND COMPL MULT	5,597
21490	7201775	OR -DL.OT TMJ	4,271
15831	7202146	OR -ABDOMINOPLASTY	2,895
L4350	4325122	CR PT SUPPLY ANKLE AIR STIR	100
26560	7202567	OR -RPR SYN EA SP FL	2,710
15824	7202609	OR -RHYTID FOREHD	5,290
15825	7202617	OR -RHYTID NCK TIGHTNG CO	5,951
15826	7202625	OR -RHYTID GLAB FRN LNE C	4,297
15828	7202633	OR -RHYTID CHK CHIN & NCK	11,241
15829	7202641	OR -FACELIFT RHYTID 'SMAS' FLP COS	12,563
64702	7202773	OR -NEURO DIGIT SAME DGT	2,326
64704	7202781	OR -NEURO NRV HAND/FOOT	1,482
64708	7202799	OR -NEURO MAJ NRV ARM/LEG	2,320
15822	7202872	OR -BLEP UPPER LID BILAT COS	2,060
15822	7202880	OR -BLEPH UPPER LID UNI COS	2,060
19324	7202898	OR -BRST AUG W/O IMPL BI COS	2,462
19324	7202906	OR -BRST AUG W/O IMP UNI COS	2,462
19316	7202914	OR -BREAST LIFT BILAT	3,576
19316	7202922	OR -BREAST LIFT UNILAT	3,576
15824	7202930	OR -BROW LIFT BILAT	5,290
15824	7202948	OR -BROW LIFT UNILAT	5,290
15788	7202955	OR -CHEMICAL PEEL EPIDERMAL	2,132
15780	7202963	OR -DERMABRASION TOTAL FACE	4,325
15828	7202971	OR -FACELIFT FOREHEAD	11,241
21120	7202989	OR -FACIAL IMP:GENIOPLASTY	3,182
19300	7203003	OR -GYNAECOMASTIA BILAT COS	2,433
19300	7203011	OR -GYNAECOMASTIA UNILAT COS	2,433
15876	7203029	OR -LIPO H&N	2,368
69300	7203037	OR -OTOPLASTY BILAT COS	2,881
69300	7203045	OR -OTOPLASTY UNILAT COS	2,881
21125	7203052	OR -FACIAL IMP:MAND BODY W/PROST GR	13,648
21138	7203060	OR -FACIAL IMP:F/HEAD REDUCT W/CONT	4,279
21270	7203078	OR -FACIAL IMP:MALAR AUGMENT W/IMP	4,722
15877	7203086	OR -LIPO TRUNK	2,368
15830	7203094	OR -PANNICULECTOMY COS	5,463
15830/15 847	7203102	OR -PANNICULECTOMY W/ABDOMINO COS	3,197
15832	7203110	OR -REM SKIN THIGH UNILATERAL	4,234
15832	7203128	OR -REM SKIN THIGH BILATERAL	4,234
11200	7203136	OR -REM SKIN TGS A/A 15<	412
11201	7203144	OR -REM SKIN TGS ANY AREA EA ADD 10	89



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	7203151	OR -REM SKIN TAGS ANY AREA 10-30CM	744
15100	7203169	OR -SPLT-THICK AU 1ST 100CM TR/ARM	3,953
15120	7203177	OR -SPLT-THICK FACIAL&EXT 1ST 100CM	3,914
15200	7203185	OR -FUL THIC GRFT INC D/CLSE 20CM<	3,838
36558	7203201	OR -INS TCI CENT VEN CATH W/O P 5Y<	3,282
36568	7203219	OR -INS PERI CEN VEN CATH W/O P 5Y>	1,002
36581	7203227	OR -RPLC COMP C V CATH W/	3,241
36583	7203235	OR -RPLC CENT V ACC DEV W	5,828
36585	7203243	OR -RPLC PERI INS CENT VE	4,868
36590	7203250	OR -REM TUN CENT V ACC DE	1,023
37765	7203268	OR -STAB PHLEB V/VEINS 10	3,009
36821	7203276	OR -AV ANASTOMOSIS OPN DI	3,125
62272	7203300	OR -SPINAL PUNC F/DRAIN	934
64480	7203359	OR -INJ ANAES AGE EPI EA	521
64483	7203367	OR -INJ ANES AGE EPI SIN	1,002
64484	7203375	OR -INJ ANAES AGE EPI EA	424
15789	7203391	OR -CHEMICAL PEEL FACIAL DERMAL	2,572
15823	7203409	OR -BLEPH U/LID W/EXCESS UNI COS	2,808
15820	7203417	OR -BLEPH L/LID UNILAT COSMETIC	2,575
15821	7203433	OR -BLEPH L/LID W/EXT HERIN UNI CO	2,808
15821	7203441	OR -BLEPH LOW LID W/HERIN BILAT COS	2,808
19325	7203458	OR -BREAST AUG W/PROS IMPL UNI COS	2,981
19325	7203466	OR -BREAST AUG W/PROS IMPL BIL COS	2,981
19318	7203474	OR -BREAST REDUCTION BILATERAL	5,118
19318	7203482	OR -BREAST REDUCTION UNILATERAL	5,118
15823	7203490	OR -BLEP UPPER LID W/EXCES BILAT CO	2,808
15792	7204001	OR -CHEMICAL PEEL NONFACIAL EPIDERM	2,019
15793	7204027	OR -CHEMICAL PEEL NONFACIAL DERMAL	2,276
15781	7204035	OR -DERMABRASION SEGMENTAL FACE	2,562
15782	7204043	OR -DERMABRA REGINAL OTHER T FAC	2,789
15783	7204050	OR -DERMABRASION ANY SITE	2,241
15833	7204068	OR -REMOVAL OF LEG SKIN BILATERAL	4,045
15833	7204076	OR -REMOVAL OF SKIN HIP UNILATERAL	4,045
15834	7204084	OR -REMOVAL OF SKIN HIP BILATERAL	4,121
30410	7204092	OR -RHINO PRIM COMP EXT PART BONY C	5,691
15835	7204100	OR -REMOVAL OF SKIN BUTTOCK BILATER	4,352
15836	7204118	OR -REMOVAL OF SKIN ARM UNILATERAL	3,663
15836	7204126	OR -REMO OF SKIN ARM BILATERAL	3,663
15837	7204134	OR -REM OF SKIN FOREARM/HAND UNILAT	3,995
15837	7204142	OR -REM OF SKIN FOREARM/HAND BILAT	3,995

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
15838	7204159	OR -REM OF SKIN SUBMENTA FAT PAD UN	2,958
15838	7204167	OR -REM OF SKIN SUBMENTAL FAT PA BI	2,958
15839	7204175	OR -REM OF SKIN OTHER AREA UNILATER	4,068
15839	7204183	OR -REM OF SKIN OTHER AREA BILATERA	4,068
30420	7204209	OR -RHINO PRIM INCL MAJOR SEPT RE C	6,210
30430	7204217	OR -RHINO SEC MINOR REVISION COS	4,237
30435	7204225	OR -RHINO SEC INTER REVISION COS	5,320
30460	7204241	OR -RHINO FOR CONG NAS DEFOR TIP CO	3,768
15820	7234024	OR -BLEPH LOWER LID BILAT COS	2,575
15836	7234032	OR -LIPO UPP EXTR BI(BRACHIOPLASTY)	3,663
15879	7234040	OR -LIPO LWR EXTR BI	2,368
11950	7234057	OR -SUBCUTANEOUS INJ OF FILLING MAT	323
14060	7234065	OR -ADJ TISS TRANS EYE,NOSE,EAR,LIP	3,579
36831	7300288	OR -THR O AV FIST NO REV	2,904
35184	7301096	OR -AV FIS NAT F'ARM	4,523
35184	7301104	OR -AV FIS NAT LG	4,523
35572	7301278	OR HARVEST FEMOROPOPLITEAL VEIN	1,633
35761	7301286	OR EXPLORATION OF ARTER/VEIN	1,840
35875	7301294	OR REMOVAL OF CLOT IN GRAFT	2,808
35876	7301302	OR REMOVAL OF CLOT IN GRAFT W/REV	4,470
36002	7301310	OR PSEUDOANEURYSM INJECTION TREATMN	742
36005	7301328	OR INJECTION EXTREMITY VENOGRAPHY	1,491
36010	7301336	OR PLACE CATHETER IN VEIN	2,210
36011	7301344	OR PLACE CATHETER IN VEIN	3,802
36012	7301351	OR PLACE CATHETER IN VEIN	3,899
36013	7301369	OR PLACE CATHETER IN ARTERY	3,519
36014	7301377	OR PLACE CATHETER IN ARTERY	3,644
36015	7301385	OR PLACE CATHETER IN ARTERY	3,962
36100	7301393	OR ESTABLISH ACCESS TO ARTERY	2,226
36140	7301419	OR ESTABLISH ACCESS TO ARTERY	1,959
36160	7301427	OR ESTABLISH ACCESS TO AORTA	2,258
36200	7301435	OR PLACE CATHETER IN AORTA	2,570
36215	7301443	OR PLACE CATHETER IN ARTERY	4,630
36216	7301450	OR PLACE CATHETER IN ARTERY	5,021
36217	7301468	OR PLACE CATHETER IN ARTERY	8,528
36218	7301476	OR PLACE CATHETER IN ARTERY	1,159
36245	7301484	OR PLACE CATHETER IN ARTERY	6,004
36246	7301492	OR PLACE CATHETER IN ARTERY	3,770
36247	7301500	OR PLACE CATHETER IN ARTERY	6,872
36248	7301518	OR PLACE CATHETER IN ARTERY	700

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
36260	7301526	OR INSERTION OF INFUSION PUMP	3,028
36261	7301534	OR REVISION OF INFUSION PUMP	1,874
36262	7301542	OR REMOVAL OF INFUSION PUMP	1,423
36468	7301559	OR INJECTION(S), SPIDER VEINS	107
36470	7301575	OR INJECTION THERAPY OF VEIN	485
36471	7301583	OR INJECTION THERAPY OF VEINS	871
36475	7301591	OR ENDOVENOUS RF, 1ST VEIN	6,958
36476	7301609	OR ENDOVENOUS RADIOFREQ, VEIN ADDON	1,352
36478	7301617	OR ENDOVENOUS LASER, 1ST VEIN	5,552
36479	7301625	OR ENDOVENOUS LASER,1ST VEIN ADD ON	1,428
36481	7301633	OR INSERTION OF CATHETER, VEIN	9,018
36500	7301641	OR INSERTION OF CATHETER, VEIN	858
36510	7301658	OR INSERTION OF CATHETER, VEIN	375
36555	7301666	OR INSERT NON-TUN CV CATH UP TO 5	852
36556	7301674	OR INSERT NON-TUN CV CATH AGE 5+	965
36557	7301682	OR INSERT TUNNELED CV CATHETER	4,305
36566	7301690	OR INSERT TUNNELED CV CATHETER	23,671
36569	7301708	OR INSERT PICC CATHETER	1,137
36570	7301716	OR INSERT PICVAD CATHETER, < AGE 5	6,418
36571	7301724	OR INSERT PICVAD CATH, AGE 5+	5,623
36578	7301732	OR REPLACE TUNNELED CV CATHETER	2,068
36582	7301740	OR REPLACE TUNNELED CV CATH	4,609
36593	7301765	OR DECLOT VASCULAR DEVICE	145
36595	7301773	OR MECH REMOVAL TUNNELED CV CATH	2,711
36596	7301781	OR MECH REMOVAL TUNNELED CV CATHETE	603
36597	7301799	OR REPOSITION VENOUS CATHETER	587
36620	7301807	OR INSERTION CATHETER, ARTERY	205
36625	7301815	OR INSERTION CATHETER, ARTERY	491
36640	7301823	OR INSERTION CATHETER, ARTERY	533
36660	7301831	OR INSERTION CATHETER, ARTERY	320
36818	7301849	OR AV FUSE, UPPER ARM, CEPHALIC	3,267
36819	7301856	OR AV FUSE, UPPER ARM, BASILIC	3,442
36820	7301864	OR AV FUSION/FOREARM VEIN	3,455
36835	7301872	OR ARTERY TO VEIN SHUNT	2,231
37184	7301898	OR PRIM ARTERY MECH THROMBECTOMY	10,153
37185	7301906	OR PRIM ARTERY MECH THROMBECT ADDON	3,228
37186	7301914	OR 2ND ARTERY MECH THROMBECT ADD ON	6,111
37187	7301922	OR VENOUS MECHANICAL THROMBECTOMY	9,092
37188	7301930	OR VENOUS MECH THROMBECTOMY, ADD ON	7,669
37200	7301948	OR TRANSCATHETER BIOPSY	1,020

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
37500	7301997	OR ENDOSCOPY LIGATE PERFORATED VEIN	2,984
37565	7302003	OR LIG INT JUG VEIN	3,390
37766	7302011	OR PHLEBOTOMY VEINS EXTREMITY 20+	3,581
37780	7302029	OR REVISION OF LEG VEIN	1,098
37785	7302037	OR LIG/DIV/EXC VERI VN CLUSTER 1 LG	1,633
37790	7302045	OR PENILE VENOUS OCCLUSION	2,284
	7302052	OR -ANGIOGRAPHY EXTREMITY UNILATERL	1,091
	7302060	OR -ANGIOGRAPHY EXTREMITY BILATERAL	1,091
	7302078	OR- INSERTION OF VASPORT	1,991
52000	7400005	OR -CYSTOURETH	765
52001	7400013	OR -CYSTOURETH I&CLOTS	1,736
52005	7400021	OR -CYSTOURETH CATH	1,240
52204	7400039	OR -CYSTOURETH BX	1,720
52214	7400047	OR -CYSTOURETH FULG T/BN	3,091
52224	7400054	OR -CYSTO B TMR < 0.5	3,228
52234	7400062	OR -CYSTO B TMR .5-2.0CM	1,156
52235	7400070	OR -CYST B TMR 2.1-5.0CM	1,355
52240	7400088	OR -CYST B TMR >5CM	1,840
52260	7400104	OR -CYST DIL BLADDER	988
52270	7400112	OR -CYST INT URETHR F	1,660
52275	7400120	OR -CYST INT URETHR M	2,237
52277	7400138	OR -CYST RES EXT SPHCTR	1,518
52281	7400146	OR -CYST CAL DIL UTHR ST	1,271
52285	7400153	OR -CYST TX FEM UR SYN	1,301
52290	7400161	OR -CYST UR MEATOTO	1,148
52300	7400179	OR -CYST RES ORTHO URET	1,318
52301	7400187	OR -CYST RES ECT URETO	1,363
52310	7400195	OR -CYST REM FB/STNT SMPL	1,137
51725	7400203	OR -CYSTOMETROGRAM SMPL	868
51736	7400211	OR -UROFLOWMETRY SMPL	71
51720	7400286	OR -INS BLADDER A'CARCINO	390
55250	7400294	OR -VASECTOMY UNI/BIL	1,798
55530	7400302	OR -EXC VARICO SEP PROC	1,649
55535	7400310	OR -EXC VARICO ABD APR	2,018
55540	7400328	OR -EXC VARICO HERN RPR	2,582
52282	7400336	OR -CYST URETHR STNT	1,581
74420	7400344	OR -UROGRPHY RETRO KUB	538
52320	7400351	OR -CYST REM URET CAL	1,159
52325	7400369	OR -CYST FRAG UR CALC	1,507
52330	7400377	OR -CYST MAN NO REM	2,305

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
52332	7400385	OR -CYST STNT INS	2,281
52334	7400393	OR -CYST UR GUIDE RETR	1,203
52341	7400401	OR -CYST TX UR STRCT	1,334
52342	7400419	OR -CYST TX UR'PEL STRCT	1,450
52343	7400427	OR-CYST TX INTRA REN STRC	1,617
52344	7400435	OR -CYST URETOSCO	1,736
52345	7400443	OR -CYST TX UPJ STRIC	1,851
52346	7400450	OR -CYST TX RENAL STRCT	2,097
52402	7400468	OR -CYST RES EJA DUCT	1,253
52351	7400476	OR -CYST UR/PYL DX	1,423
52352	7400484	OR -CYST UR/PYL REM CAL	1,665
52353	7400492	OR -CYST UR/PYL LITHO	1,840
52354	7400500	OR -CYST UR/PYL BX&FULG	1,959
51727	7400567	OR -CYSTOMETROGRAM W/UP	1,444
54500	7400633	OR -BX TEST NEEDLE	351
54505	7400641	OR -BX TEST INC	983
54512	7400658	OR -EXC EXTRA LES TEST	2,533
54000	7400708	OR -PREPUTPLSTY NB	695
54001	7400716	OR -PREPUTPLSTY EXC NB	863
51550	7400773	OR -CYSTECTOMY PTL&SMPL	4,519
51565	7400781	OR -CYSTECTOMY PTL&REIMPL	6,045
51570	7400799	OR -CYSTECTOMY COMPL	6,916
55110	7400807	OR -EXPL SCROT	1,817
55040	7400815	OR -EXC HYDROCELE UNIL	1,584
55041	7400823	OR -EXC HYDROCELE BIL	2,389
53020	7401003	OR -MEATOT EXC INFANT	456
53025	7401011	OR -MEATOT INFANT	322
50544	7401037	OR -LAP PYELOPLASTY	5,839
54660	7401086	OR - INSERTION OF TESTICU	1,675
55120	7401094	OR -REM FB SCROT	1,659
55175	7401102	OR -SCROTOPLASTY SMPL	1,702
50541	7401169	OR -LAP ABL RENAL CYST	4,307
50545	7401177	OR -LAP RAD NEPH	6,281
53400	7401581	OR -URTHPLSTY 1 STGE F/S	3,747
53405	7401599	OR -URTHPLSTY 2 STGE U/D	4,093
53410	7401615	OR -URTHPLSTY REC MALE	4,583
53265	7401664	OR -EX URETHRAL CARUNC	1,018
55300	7401672	OR -VASO VESICUL/EPID U/B	878
53240	7401730	OR -MARSUP URETH DIV	1,992
54860	7401755	OR -EPIDIDYMECT UNIL	1,966

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
54861	7401763	OR -EPIDIDYMECT BIL	2,655
50580	7401862	OR -END RENAL REM FB	2,853
50961	7401870	OR -END URET EST U REM FB	1,816
50980	7401888	OR -END URET U REM FB	1,675
46080	7401912	OR -SPHINCTEROTOMY ANL	1,159
47460	7401920	OR -TRANSDUODENAL SPHINC	5,941
53605	7401961	OR -DIL MALE URE STRIC	304
53665	7401979	OR -DIL FEM URETHRA	181
51050	7401995	OR -CYSTOLITHO REM CALCUL	2,215
54164	7402084	OR -FRENULOTOMY OF PENIS	907
60650	7402092	OR LAPAROSCOPY ADRENALECTOMY	5,576
60659	7402100	OR LAP PROCECURE, ENDOCRINE	5,287
11420	7402118	OR -EXCISION BENIGN LESION 0.5CM OR LESS	566
11421	7402126	OR -EXCISION BENIGN LESION 0.6 TO 1.0 CM	724
11422	7402134	OR -EXCISION BENIGN LESION 1.1 TO 2.0 CM	815
11423	7402142	OR -EXCISION BENIGN LESION 2.1 TO 3.0 CM	928
11426	7402159	OR -EXCISION BENIGN LESION OVER 4.0 CM	1,546
38300	7402167	OR -DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS SIMPLE	1,461
38305	7402175	OR -DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS EXTENSIVE	2,255
50382	7402217	OR -REMOVAL AND REPLACEMENT OF STENT (VIA SNARECAPTURE)	5,114
50387	7402233	OR -REMOVAL AND REPLACEMENT OF NEPHROURETERAL CATHETER	2,254
52315	7402456	OR -CYSTOSCOPY AND TREATMENT	1,929
53600	7402589	OR -URETHRAL DILATATION (INITIAL)	386
53601	7402597	OR -URETHRAL DILATATION (SUBSEQUENT)	378
53620	7402605	OR -URETHRAL DILATATION BY PASSAGE OF FILIFORM MALE (INITIAL)	542
53621	7402613	OR -URETHRAL DILATATION BY PASSAGE OF FILIFORM MALE (SUBSEQUENT)	509
53660	7402621	OR -DILATION OF FEMALE URETHRA (INITIAL)	328
53661	7402639	OR -DILATION OF FEMALE URETHRA (SUBSEQUENT)	322
54560	7402696	OR -EXPLORATION FOR UNDESCENDED TESTES	3,219
54830	7402746	OR -EXCISION OF LOCAL LESION OF EPIDIDYMIS	1,748
76536	7402852	OR -US EXAM OF HEAD AND NECK	537
76700	7402860	OR -US EXAM ABDOMINAL COMPLETE	564
76872	7402886	OR -US TRANSRECTAL (TRUS)	445
54150	7402894	OR -CIRCUMCISION W/REGIONL BLOCK	724
50430	7402902	OR -NJX PX NFROSGRM &/URTRGRM	2,110

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
50431	7402910	OR -NJX PX NFROSGRM &/URTRGRM	750
36147	7402928	OR -INTRO NDL ICATH UPR/LXTR ART	679
36147	7402936	OR -INTRO NDL ICATH UPR/LXTR ART	679
36148	7402944	OR -INTRO NDL ICATH UPR/LXTR ART	679
51729	7402951	OR -CYSTOMETROGRAM W/VP&UP	1,579
57510	7500002	OR -CAUT CERV EL/THER	603
57513	7500010	OR -CAUT CERV LASER	673
56740	7500051	OR -EXC BARTH'NS GLND	1,379
56440	7500069	OR -MARSUP BARTH'S AB	834
58120	7500077	OR -DILATION & CURETTAGE	1,187
56442	7500085	OR -HYMENOTOMY	220
58555	7500093	OR -HYSTERCY DX	1,229
58558	7500101	OR -HYSTERCY SRG BX	6,227
58559	7500119	OR -HYSTERCY SRG LY	1,335
58562	7500127	OR -HYSRCY IMPFB	1,555
58563	7500135	OR -HYSOSCENDOABL	7,267
74740	7500150	OR -HYST'SALPGRHY RAD S&I	341
58340	7500168	OR -SONO HYSTEROGRM	550
58300	7500192	OR -INS IUD	338
58679	7500200	OR -LAP OVARY UNSPEC	873
58671	7500218	OR -LAP TUBAL DEV	1,659
56810	7500226	OR -RPR P'NEUM NOT OB	1,191
57160	7500234	OR -FIT/INS PESSARY	348
58750	7500325	OR -REVERSE LIGION	4,095
56441	7500358	OR -LYSIS LABIAL ADHES	666
56605	7500366	OR -BX VULVA 1 LES	377
56606	7500374	OR -BX VULVA EA ADL	175
58301	7500408	OR -REM IUD	436
58672	7500424	OR -LAP FIMBROPLSY	3,342
58673	7500432	OR -LAP SALPINOSTOM	3,633
57023	7500564	OR -I&D VAG HEM NOT OB	1,413
57000	7500655	OR -COLPOTOMY EXPL	862
58660	7500713	OR -LAP LYSIS ADH	3,086
58661	7500721	OR LAP, REMOVE ADNEXA	2,983
58662	7500739	OR -LAP EXCLESOV PE	3,258
58670	7500747	OR -LAP FULOVIDUCTS	1,662
58925	7500838	OR -OV CYSTECTOMY U/B	3,431
57700	7500903	OR -CERCLG U/C NOT OB	1,415
59320	7500911	OR -CERCLGE CERV VAG	711
59325	7500929	OR -CERCLGE CERV ABD	1,132

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
59871	7500937	OR -REM CERCL SUT U ANES	622
57452	7500960	OR -COLPOSC	500
57454	7500978	OR -COLPOSC BX CERVIX	697
57460	7500986	OR-COLPOSC LEEP BX CERVIX	1,288
56501	7500994	OR -DES LES VULVA SIM	606
56515	7501000	OR -DES LES VULVA EXT	1,043
57100	7501034	OR -BX VAG MUC SMPL	411
57105	7501042	OR -BX VAG MUC EXT	627
57200	7501083	OR -COLPORRHAPHY SUT VAG	1,389
59812	7501240	OR -TX INCMPL ABOR	1,473
59820	7501257	OR -TX MISS ABOR 1ST	1,761
59821	7501265	OR -TX MISS ABOR 2TRI	1,775
11976	7501307	OR -REM CONTRACEPT CAP	663
11977	7501315	OR -REM/INS CNTRACEPT CAP	679
11980	7501323	OR -IMP HRM PELLETT SQ	438
57415	7501331	OR -REM I VAG FB U ANES	737
58345	7501422	OR-TRANS INTRO FALLO T DI	1,267
58350	7501430	OR-CHROMOTUBATION OF OVID	443
58561	7501448	OR-HYSTERO SUR W REM LEIO	1,665
59840	7501455	OR-INDUC ABOR BY DIL CUR	1,009
67105	7600000	OR -SACRO PEXY PROLVA	1,368
67107	7600018	OR -RPR RET DET SCL BCKLG	5,217
67108	7600026	OR -RPR RET DET VITRECT	5,532
65400	7600034	OR -KERATETOMY	3,136
68360	7600042	OR -CONJ FLP BRDGE/PT	2,448
68362	7600059	OR -CONJ FLP TOT	3,026
68110	7600083	OR -EX LES CONJ TO 1	1,043
68115	7600091	OR -EX LES CONJ >1	1,439
68130	7600109	OR -EX LES CONJ ADJ S	2,485
67914	7600117	OR -ECTROPION SUT	2,165
67916	7600125	OR -ECTBLEP EXCTARE	2,729
67917	7600133	OR -ECTBLEP EXTENSIV	2,781
67299	7600141	OR -UNLIST PROC POST SEG	716
67808	7600158	OR -EXCISION CHALAZION	1,699
68811	7600166	OR -NASOLAC PROB ANES	629
68815	7600174	OR -NASOLAC INS STENT	1,832
68840	7600182	OR -LACRIMAL PROBE	592
65420	7600190	OR -EX PTERYGIUM NO GFT	2,386
65426	7600208	OR -EX PTERYGIUM GFT	3,010
67901	7600216	OR -BLEPHAROPTOSIS SUT	3,486



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
67902	7600224	OR -BLEPH FASC SLING	3,332
67903	7600232	OR -BLEPH TARSO INT APR	2,735
67904	7600240	OR -BLEPH TARSO EXT APR	3,377
67906	7600257	OR -BLEPH SUPR RECT SLING	2,343
67908	7600265	OR -BLEPH CON/TARS RES	2,276
65235	7600299	OR -REM FB I'OCULAR A	3,272
65265	7600307	OR -REM FB I'OCUL P NONMG	4,965
65260	7600315	OR -REM FB I'OCULAR P MAG	4,425
66982	7600331	OR -REM EXTRCP CATRCT CMP	3,662
66984	7600349	OR -REM EXTRCP CATRCT SMP	2,947
66985	7600356	OR -INS I'OCULAR LENS PRO	3,550
66986	7600364	OR -EXCHNGE I'OCULAR LENS	4,187
66983	7600372	OR -EXT INTRACP CATRCT	3,434
65710	7600380	OR -KERATPLSY LAMELR	5,091
65730	7600398	OR -KERATPLSY PEN	5,653
65750	7600406	OR -KERATPLSY PEN APHAKIA	5,679
65755	7600414	OR -KERATPLSY PEN PSEUDOP	5,652
67101	7600422	OR -RPR RET DET CRYO/DIA	1,513
67141	7600430	OR -PROPH RET DET CRYO/DIA	2,419
65450	7600448	OR -DES LES CORNEA	1,505
68135	7600489	OR -DES LES CONJ	726
67311	7600497	OR -STRABIS 1 HORZ MUS	2,753
67312	7600505	OR -STRABIS 2 HORZ MUS	3,277
67314	7600513	OR -STRABIS 1 VERT MUS	3,098
67316	7600521	OR -STRABIS 2+ VERT MU	3,696
67318	7600539	OR -STRABIS S OBL MUS	3,254
67320	7600547	OR -TRANSPOSTN E'OCUL MUS	1,489
67331	7600554	OR -STRABIS PREV OR/INJUR	1,411
67332	7600562	OR -STRABIS SCAR/RESRICTN	1,531
67334	7600570	OR -STRABIS P FIXATN SUT	1,392
67340	7600588	OR -STRABIS EXPL EXO M	1,655
67875	7600596	OR -TARSORRHAPHY	797
67875	7600604	OR -TEM SUT CLS EYELIDS	797
67880	7600612	OR -CONSTARSOCANTH	2,115
65850	7600638	OR -TRABECULOTOMY	3,867
66170	7600646	OR -TRABECTMY NO PR OR	5,041
66172	7600653	OR -TRABECTMY PREV OR	5,490
67005	7600661	OR -REM VIT A APR PTL	2,178
67010	7600679	OR -REM VIT A APR SUBTOT	2,501
67015	7600687	OR -ASP VIT PARS PLAN APR	2,674

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
67027	7600703	OR -IMPL INTRAVITREAL RX	3,927
67036	7600711	OR -VIT MECH PARS PLN APR	4,153
67041	7600729	OR -VIT FOR MACULAR PUCKER	5,311
67039	7600737	OR -VIT FOCAL END PH'CG	4,447
67040	7600745	OR -VIT PANRETINL PH'CG	4,806
66825	7600752	OR -REP I'OCULAR IMPL	3,500
67505	7600760	OR -RETROBUL INJ ALCOH	403
67500	7600778	OR -RETROBUL INJ MEDS	367
67938	7600794	OR -EMBED FB EYELID	1,128
67343	7600810	OR -REL SCAR TISSUE	3,002
67810	7600828	OR -BX EYELID	791
67415	7600836	OR -FNA ORBIT	483
68761	7600844	OR -CLOS LAC PUNC PLUG	684
68760	7600851	OR -CLOS LAC PUNC T/L/L	931
67921	7600877	OR -RPR ENTROPN SUT	2,124
67923	7600885	OR -RPR ENTROPN TARSAL WDG	2,727
67924	7600893	OR -RPR ENTROPN EXT	2,910
68320	7600901	OR -CONJPLSTY C GFT	3,342
68325	7600919	OR -CONJPLSTY B GFT	3,033
68326	7600927	OR -CONJPLSTY & REC C GFT	2,978
68328	7600935	OR -CONJPLSTY & REC B GFT	3,267
66830	7600943	OR -REM 2NDRY CATARACT	3,280
66840	7600950	OR -REM LENS BY ASPIRATN	3,211
66850	7600968	OR -REM LENS BY PHACOFRAG	3,654
66852	7600976	OR -REM LENS BY PARS PLAN	3,891
66920	7600984	OR -REM LENS BY INTRACAPS	3,474
66930	7600992	OR -REM LENS BY I FOR DIS	3,946
66940	7601008	OR -REM LENS BY EXCAPSUL	3,605
68100	7601057	OR -BX CONJUNCTIVA	789
68020	7601065	OR -INC/DRN CONJUNCTIVA	556
67107	7601073	OR -REPAIR DETACHED RETINA	5,217
67145	7601099	OR -PROPH RET DET PH'CG	2,435
65800	7601107	OR -PARACNT A CH ASP	553
65800	7601115	OR -DRAINAGE OF EYE	553
65810	7601123	OR -PARACNT A CH VIT/DIS	2,145
65815	7601131	OR -PARACNT A CH BLD	2,947
66020	7601271	OR -INJ A CHMBR AIR/LIQ	863
66030	7601289	OR -INJ A CHMBR MEDS	771
65710	7601297	OR -KERATOPLASTY (CORNEAL TRNSPLNT)	5,091
15821	7601305	OR -BLEPH L LID HERN N/CO	2,808

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
15822	7601313	OR -BLEPH U LID	2,060
15823	7601321	OR -BLEPH U LID EXC SKN	2,808
15820	7601339	OR -BLEPH L LID	2,575
15822	7601347	OR -BLEPH UPP LID UNI N/CO	2,060
15822	7601354	OR -BLEPH UPP LID BI N/COS	2,060
15820	7601362	OR -BLEPH LOW LID UNI N/CO	2,575
15820	7601370	OR -BLEPH LOW LID BI N/COS	2,575
	7601388	OR -REMOVE EYE SUTURES	955
67042	7601396	OR -VIT FOR MACULAR HOLE	5,311
67403	7601404	OR -EXPLORE/BIOPSY EYE SOCKET	1,142
67108	7601412	OR -REPAIR DETACHED RETINA	5,532
67110	7601420	OR -REPAIR DETACHED RETINA	4,040
67113	7601438	OR -REPAIR RETINAL DETACH CPLX	6,174
31000	7700149	OR -LAV MAX SINUS	833
31640	7700248	OR -BRONC EX TMR	1,172
30903	7700271	OR -CAUT/PK NASL H ANT	962
30905	7700289	OR -CAUT/PK NASL H POS IN	1,487
30906	7700297	OR -CAUT/PK NASL H POS SQ	1,544
30802	7700305	OR -CAUT/ABL TURBIN I'MUR	1,309
31515	7700313	OR -LARNG TRC ASP	934
31520	7700321	OR -LARNG TRC DXNB	719
31525	7700339	OR -LARNG TRC DX	1,149
31526	7700347	OR -LARNG TRC OPMIC	723
31528	7700354	OR -LARNG TRC DIL IN	664
31529	7700362	OR -LARNG TRC DILSQ	744
31530	7700370	OR -LARNG DIR REM FB	921
31531	7700388	OR -LARNG DIR REM FB W/MIC	980
31536	7700396	OR -LARNG DIR BX W/MIC	972
31535	7700404	OR -LARNG DIR BX NO MIC	876
31540	7700412	OR -LARNG DIR EX TMR	1,114
31541	7700420	OR -LARNG DIR EX TMR MI	1,216
31570	7700438	OR -LARNG DIR INJ VOCORD	1,539
31571	7700446	OR -LARNG DIR INJ VOCORD W/MIC	1,149
69436	7700495	OR -INS GROMMETS	731
69620	7700503	OR -MYRINGOPLASTY	3,148
69421	7700511	OR -MYRINGOTOMY U ANES	679
69424	7700529	OR -TUBE REM OTHR PHY	582
31237	7700578	OR -END NASAL BX	1,201
43215	7700628	OR -ESOPH REM FB	1,659
21310	7700750	OR -FX.CT NASAL BN NO MAN	626

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
21315	7700768	OR -FX.CT NASAL BN NO STB	1,258
21320	7700776	OR -FX.CT NASAL BN STABL	1,164
21325	7700784	OR -FX.OT NASAL UNCOMP	2,163
21336	7700792	OR -FX.OT NASAL SEPT	2,960
21337	7700800	OR -FX CT NASL SEPT	1,854
21338	7700818	OR -FX.OT NASOETH NO E FX	3,034
69145	7700826	OR -EX SFT TIS EAR LES	1,796
69150	7700834	OR -EX SFT TIS EAR LES RD	4,779
43450	7700859	OR -DIL ESOPH BOUGIE	724
43453	7700867	OR -DIL ESOPH O GD WIRE	4,202
41115	7700891	OR -EX LGL FRENUM	1,137
41010	7700909	OR INCIS LINGUAL FRENUM	933
D7110	7700917	OR -EXT SINGLE TOOTH	771
D7120	7700925	OR -EXT EA ADD TOOTH	771
21497	7701204	OR -INTERDENTAL WIRG	3,109
69631	7701212	OR -ATTICOTOMY	4,032
69502	7701238	OR -MASTOIDECTOMY	4,438
69631	7701246	OR -TYPLSTY NO MAST NO RE	4,032
69632	7701253	OR -TYPLSTY REC	4,913
69633	7701261	OR -TYPLSTY REC&IMP	4,766
69635	7701279	OR -TYPLSTY ANTR NO OCR	5,649
69636	7701287	OR -TYPLSTY ANTR OCR	6,294
69637	7701295	OR -TYPLSTY ANTR PROSTH	6,352
69641	7701303	OR -TYPLSTY MAS NO OCR	4,750
69642	7701311	OR -TYPLSTY MAS OCR	6,096
69645	7701329	OR -TYPLSTY MAS RD NO OCR	6,612
69646	7701337	OR -TYPLSTY MAS RD OCR	7,055
92502	7701345	OR -EUA EARS	443
30410	7701360	OR -RHINO CMPL	5,691
30420	7701378	OR -RHINO MJR SEPT REP	6,210
30430	7701386	OR -RHINO 2ND MIN REV	4,237
30435	7701394	OR -RHINO 2ND INTER REV	5,320
30460	7701402	OR -RHINO NAS DEF 2ND CONG CLFT TIP	3,768
30462	7701410	OR -RHINO NAS DEF TIP SEPT OSTEO	7,230
42800	7701428	OR -BX OROPHARYNX	726
42100	7701469	OR -BX PAL UVULA	694
41100	7701477	OR -BX TONGUE ANT 2/3	781
41105	7701485	OR -BX TONGUE POS 1/3	795
40490	7701501	OR -BX LIP	595
40808	7701519	OR -BX V MOUTH	865

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
41805	7701873	OR -REM FB DENTOALV STS	1,309
41806	7701881	OR -REM FB DENTOALV BN	1,814
43247	7701915	OR -U GI END REM FB	1,613
69660	7702178	OR -STAPEDECTOMY	4,231
69700	7702186	OR -CLOS POSTAUR FIS MA	3,127
21030	7702244	OR -EX B TMR FAC BN	2,402
21034	7702251	OR -EX M TMR FAC BN	6,035
21040	7702269	OR -EX B TMR MAND SIM	2,419
21044	7702285	OR -EX M TMR MAND	4,035
21045	7702293	OR -EX M TMR MAND R R	5,668
42699	7702335	OR -EXPL PAROTID	755
42809	7702376	OR -REM PHARNX FB	931
41108	7702475	OR -BX MOUTH FLOOR	689
40805	7702558	OR -REM FB V MTH CMPX	1,486
40820	7702608	OR -DES LES MTH L/T/C/C	1,229
31505	7702814	OR -LARYNG INDIR	377
31510	7702822	OR -LARYNG INDIR BX	960
31511	7702830	OR -LARNG INDIR REM FB	964
31512	7702848	OR -LARNG INDIR REM LES	936
31513	7702855	OR -LARNG INDIR INJ VCR	605
31575	7702863	OR -LARNG FLEX	517
31576	7702871	OR -LARNG FLEX BX	1,211
31577	7702889	OR -LARNG FLEX REM FB	1,258
31578	7702897	OR -LARNG FLEX REM LES	1,376
31579	7702905	OR -LARNG FLEX STROB	823
69100	7702913	OR -BX EXTERNAL EAR	464
69310	7702921	OR -MEATOPLASTY	4,970
40500	7703010	OR -EX LIP MUCSAL ADV	2,338
40520	7703028	OR -EX LIP V EX	2,262
40510	7703036	OR -EX LIP WEDGE EX	2,231
40525	7703044	OR -EX LIP FULLTHICK REC	2,561
40530	7703051	OR -RES LIP >1/4 NO REC	2,470
42106	7703069	OR -EX PAL UVULA P CLOS	1,274
42145	7703085	OR -PALATOPHARYNGPLSY	3,241
69205	7703200	OR -REM FB EAR U ANES	461
30801	7703275	OR -CAUT/ABL TURBIN	1,036
69399	7703374	OR -UNLIST PROC EXT EAR	786
41110	7703564	OR -EX LES TONGUE NO C	983
42104	7703606	OR -EX PAL UVULA	996
19300	7703622	OR -MASTEC F/GYNECO UNI	2,433

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
19300	7703630	OR -MAS F/GYNEC BI N/COSM	2,433
19325	7703648	OR -MAMOPLAS AUG W/PROS IMP UNI N/C	2,981
19325	7703655	OR -MAMOP AUGMEN W/PRO IMP BI N/COS	2,981
69300	7703663	OR -OTO PROT EAR UNI N/CO	2,881
69300	7703671	OR -OTO PROTRU EAR BI N/C	2,881
30450	7703689	OR -RHINO 2ND MAJ REV N/C	7,062
L4350	6025365	HC PT SUPPL ANKLE AIR STIR	364
L4350	6825269	DH PT SUPPLY ANKLE AIR STIR	100
MATERIA L	2626042	ER SUP CANE	47
MATERIA L	2626067	ER SUP SPLNT ARM/LG ALUM	70
15824	7703739	OR -RHYTIDECTOM F/HEAD NC	5,290
15825	7703747	OR -RHYTI NECK TIGHTEN NC	5,951
15826	7703754	OR -RHYTI GLABEL F/LIN NC	4,297
15829	7703762	OR -RHYTI CHEEK & NECK NC	12,563
	7703770	OR -RHYTI SU/F MUS SYS NC	2,684
	7703788	OR -LAVG BY CANUL,MAX SNS	703
	7703796	OR -OTOLARYN W/GEN ANESTH	799
MATERIA L	2626091	ER SUP PATELLA ISO BRACE	107
MATERIA L	2626166	ER SUP THUMB SPLINT	47
MATERIA L	2626232	ER SUP THIMBLE FINGER	28
	7703838	OR-REM OF IMP COMPL/BONY	771
MULTI	1417872	LOS SEQUENTIAL SCREEN 2	164
n/a	1470657	LOS - INTEGRATED SCREEN PART 1	-
	7703861	OR-VARICOSE VEIN TIES	780
30410	7704604	OR-RHINO PRIMARY COMPL NO	5,691
30420	7704612	OR-RHINO PRIMARY INCLU MA	6,210
30430	7704638	OR-RHINO SEC MINOR REVISION NON COM	4,237
30435	7704646	OR-RHINO SEC INTER REVIS NON COSMET	5,320
30460	7704653	OR-RHINO NAS DEFORM 2ND TO CON TIP	3,768
30462	7704661	OR-RHINO NAS DEFOR 2ND TO CON TIP+S	7,230
31231	7704679	OR -NASAL ENDO DIA UNI/BI	964
31255	7704695	OR -NASAL SINUS ENDO TOTAL ETHMOID	1,502
31267	7704703	OR -NASAL SIN W/MAX REM T	1,232
31276	7704711	OR -NAL SIN FRONT W/WO RE	1,754
31287	7704729	OR -NAS SIN W/SPHENOIDOTO	934
31256	7706500	OR -NASAL SINUS ENDO W/MAXILL ANTRO	836

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
31254	7707680	OR -NASAL/SIN ENDO PARTIA	1,866
43842	7707698	OR -GASTRIC RESTRICTIVE PROC V B	5,587
41899	7707706	OR -DENTAL 30 MINS MINIMU	772
P9612	6060230	HC -URINE CATH FOR SPEC	81
31899	7707722	OR -AIRWAYS SURGICAL PROCEDURE	965
31584	7707730	OR -LARYNGOPLASTY FX RDCTJ FIXJ	6,326
75710	7800006	OR -ARTERGRAM FEM UNI	787
75716	7800014	OR -ARTERGRAM FEM BIL	894
92960	7800022	OR -CARDIOVERSION	732
90870	7800030	OR -ELECTROCONVULSIVE THERAPY ECT	802
62273	7800113	OR -THERAPEUTIC EPIDURAL BLOOD PTCH	800
64420	7800220	OR -INJ INC NRV 1	514
64421	7800238	OR -INJ INC NRV MUL	695
76998	7800295	OR US GUIDANCE, INTRAOPERATIVE	293
43274	7900004	OR -ERCP DUCT STENT PLACEMENT	2,200
43275	7900012	OR -ERCP REMOVE FORGN BODY DUCT	1,791
43213	7900020	OR -ESOPHAGOSCOPY RETRO BALLOON	5,288
43276	7900038	OR -ERCP STENT EXCHANGE W/DILATE	2,291
43277	7900046	OR -ERCP EA DUCT/AMPULLA DILATE	1,801
43278	7900053	OR -ERCP LESION ABLATE W/DILATE	2,060
43212	7900061	OR -ESOPHAGOSCOPY STENT PLACEMENT	899
43229	7900079	OR -ESOPHAGOSCOPY LESION ABLATE	2,986
43235	7900087	OR -EGD DIAGNOSTIC BRUSH WASH	1,182
43226	7900095	OR -ESOPH ENDOSCOPY DILATION	1,458
45347	7900103	OR -SIGMOIDOSCOPY W/PLCMT STENT	732
45399	7900111	OR -UNLISTED PROCEDURE COLON	882
45388	7900129	OR -COLONOSCOPY W/ABLATION	14,835
45389	7900137	OR -COLONOSCOPY W/STENT PLCMT	1,379
44401	7900145	OR -COLONOSCOPY WITH ABLATION	14,715
44402	7900152	OR -COLONOSCOPY W/STENT PLCMT	1,245
64490	8000002	OR -INJ PARAVERT F JNT C/T 1 LEV	870
62322	8000010	OR -NJX INTERLAMINAR LMBR/SAC	718
64491	8000028	OR -INJ PARAVERT F JNT C/T 2 LEV	428
64492	8000036	OR -INJ PARAVERT F JNT C/T 3 LEV	432
64493	8000044	OR -INJ PARAVERT F JNT L/S 1 LEV	789
64494	8000051	OR -INJ PARAVERT F JNT L/S 2 LEV	396
64495	8000069	OR -INJ PARAVERT F JNT L/S 3 LEV	396
62320	8000077	OR -NJX INTERLAMINAR CRV/THRC	765
36832	8200008	OR -AV FISTULA REVISION OPEN	3,562
37220	8200016	OR -ILIAC REVASC	14,018

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
37221	8200024	OR -ILIAC REVASC W/STENT	20,795
37222	8200032	OR -ILIAC REVASC ADD-ON	3,940
0238T	8200040	OR -TRLUML PERIP ATHRC ILIAC ART	3,668
36904	8200057	OR -THRMBC/NFS DIALYSIS CIRCUIT	8,303
36905	8200065	OR -THRMBC/NFS DIALYSIS CIRCUIT	10,524
36906	8200073	OR -THRMBC/NFS DIALYSIS CIRCUIT	31,205
36905	8200081	OR -THRMBC/NFS DIALYSIS CIRCUIT	10,524
37197	8200099	OR -REMOVE INTRVASC FOREIGN BODY	6,651
37236	8200107	OR -OPEN/PERQ PLACE STENT 1ST	17,618
37237	8200115	OR -OPEN/PERQ PLACE STENT EA ADD	11,087
37252	8200123	OR -INTRVASC US NONCORONARY 1ST	6,278
37253	8200131	OR -INTRVASC US NONCORONARY ADDL	947



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

**SCHEDULE 4 (PART B)**

(Regulation 9)

**OUT-PATIENT TREATMENT EXCLUDED FROM STANDARD HEALTH BENEFIT**

**Fees payable for treatment excluded from standard health benefit**

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
	12104	CCU - HOLIDAY RELIEF	150
	12120	HOSPICE-HOLIDAY RELIEF	150
	1312198	LAB-URINE PRE EMPL MICRO&CUL	117
	1312206	LAB-URINE VISA	70
	1534064	DL MNT DIETITIAN NO SHOW	85
	1534072	DL MNT DIETITIAN CANCELLA	85
	1819002	MRI CANCELLATION	85
	1819010	MRI NO SHOW	85
	2222719	ECG-CANCELLATION	85
	2222727	ECG-NO SHOW	85
	2425635	XR-CANCELLATION	85
	2425643	XR-NO SHOW	85
	2425650	BONE DENSITY CANCELLATION	85
	2425668	BONE DENSITY NO SHOW	85
	2525434	PT NO SHOW	85
	2930014	RI CANCELLATION	85
	2930022	RI NOW SHOW	85
	3030012	GR -GERIATRIC DAY CARE	87
	3231347	FC -NO SHOWS	85
99070	3231354	FC -MISC CUST ORTHO PTENT	0
	3839008	US CANCELLATION	85
	3839016	US NO SHOW	85
	4040168	SP NO SHOW	85
	4141123	OT NO SHOWS	85
	4141131	OT CANCELLATIONS	85
	4243507	CT CANCELLATION	85
	4243515	CT NO SHOW	85
	4325155	CR PT NO SHOW	85
	4325270	CR PT CANCELLATION	85
	4334033	CR MNT CANCELLATION	85
	4334041	CR MNT DIETITIAN NO SHOW	85
	4343067	CR MULTI-DISCIPLINARY - NO SHOW	85
	4343075	CR MULTI-DISCIPLINARY -CANCELLATION	85
	4848503	MAMMO CANCELLATION	85

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
	4848511	MAMMO NO SHOW	85
	6825293	DH PT NO SHOW	85
	6825590	DH PT CANCELLATION	85
	6834030	DH MNT CANCELLATION	85
	6834048	DH MNT DIETITIAN NO SHOW	85
	6840102	DH SP NO SHOW	85
	6840110	DH SP CANCELLATION	85
	6841100	DH OT NO SHOWS	85
	6841118	DH OT CANCELLATIONS	85
	6868046	DH MULTI-DISCIPLINARY - NO SHOW	85
	6868053	DH MULTI-DISCIPLINARY -CANCELLATION	85
	1607290	ENDOC CANCELLATION	85
	1607282	ENDOC NO SHOW	85
	1609577	GYN CANCELLATION	85
	1609569	GYN NO SHOW	85
	1612241	PAL CANCELLATION	85
	1612233	PAL NO SHOW	85
	1616671	PHYSIATRIST CANCELLATION	85
	1616663	PHYSIATRIST NO SHOW	85
	1605625	PM CANCELLATION	85
	1605617	PM NO SHOW	85
	1629989	READING FEE - UIM MAMMOGRAPHY	30
	1629997	READING FEE - UIM ULTRASOUND	30
	4848297	CD/Electronic copy of images	30
	1700400	ANEST NO SHOW	85
	1700418	ANEST CANCELLATION	85
	1710789	CARD NO SHOW	85
	1710797	CARD CANCELLATION	85
	1720283	ENDOC NO SHOW	85
	1720291	ENDOC CANCELLATION	85
	1730282	INTERNIST NO SHOW	85
	1730290	INTERNIST CANCELLATION	85
	1740281	NEPHROLOGIST NO SHOW	85
	1740299	NEPHROLOGIST CANCELLATION	85
	1750611	NEUROLOGIST NO SHOW	85
	1750629	NEUROLOGIST CANCELLATION	85
	1759950	OB NO SHOW	85
	1759968	OB CANCELLATION	85
	1760107	ONCOLOGIST NO SHOW	85
	1760115	ONCOLOGIST CANCELLATION	85

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
	1770064	VASC NO SHOW	85
	1770072	VASC CANCELLATION	85
	1780287	SUR NO SHOW	85
	1780295	SUR CANCELLATION	85
	2525434	PT NO SHOW	85
	2525327	PT CANCELLATION	85
	3437159	MNT CANCELLATION	85
	3437167	MNT NO SHOW	85
	3636230	HPB CANCELLATION	85
	3636255	HPB NO SHOW	85
	4040168	SP NO SHOW	85
	4040200	SP CANCELLATION	85
	4341111	CR OT NO SHOWS	85
	4341129	CR OT CANCELLATIONS	85
	6781025	XRS CANCELLATION	85
	6781033	XRS NO SHOW	85
77280	4243523	CT SIMULATION SIMPLE	915
77285	4243531	CT SIMULATION INTERMEDIATE	1,449
77290	4243549	CT SIMULATION COMPLEX	1,672
		<b>UROLOGY</b>	
99201	1640002	UROLOGIST OV LV1 NP	142
99202	1640010	UROLOGIST OV LV2 NP	197
99203	1640028	UROLOGIST OV LV3 NP	423
99204	1640036	UROLOGIST OV LV4 NP	515
99205	1640044	UROLOGIST OV LV5 NP	950
99211	1640051	UROLOGIST OV LV1 EP	54
99212	1640069	UROLOGIST OV LV2 EP	101
99213	1640077	UROLOGIST OV LV3 EP	291
99214	1640085	UROLOGIST OV LV4 EP	318
99215	1640093	UROLOGIST OV LV5 EP	632
99241	1640101	UROLOGIST OFFICE CONSULT LV1	143
99242	1640119	UROLOGIST OFFICE CONSULT LV2	300
99243	1640127	UROLOGIST OFFICE CONSULT LV3	421
99244	1640135	UROLOGIST OFFICE CONSULT LV4	677
99245	1640143	UROLOGIST OFFICE CONSULT LV5	845
99199	1640150	UROLOGIST NO SHOW	85
99199	1640291	UROLOGIST CANCELLATION	85
99221	1640168	UROLOGIST HV LV1 NP	586
99222	1640176	UROLOGIST HV LV2 NP	798
99223	1640184	UROLOGIST HV LV3 NP	1,179

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
99231	1640192	UROLOGIST HV LV1 EP	236
99232	1640200	UROLOGIST HV LV2 EP	433
99233	1640218	UROLOGIST HV LV3 EP	623
99251	1640226	UROLOGIST HOSP CONSULT MINOR	312
99252	1640234	UROLOGIST HOSP CONSULT LOW COMPLEX	468
99253	1640242	UROLOGIST HOSP CONSULT MOD COMPLEX	707
99254	1640259	UROLOGIST HOSP CONSULT HIGH COMPLEX	1,025
99255	1640267	UROLOGIST HOS CONSULT CRITICAL	1,246
99291	1640275	UROLOGIST CRIT CARE ET 1ST HOUR	1,403
99292	1640283	UROLOGIST CRIT CARE DET EA ADD 30MIN	701
11420	7402118	OR -EXCISION BENIGN LESION 0.5CM OR LESS	1,236
11421	7402126	OR -EXCISION BENIGN LESION 0.6 TO 1.0 CM	539
11422	7402134	OR -EXCISION BENIGN LESION 1.1 TO 2.0 CM	1,236
11423	7402142	OR -EXCISION BENIGN LESION 2.1 TO 3.0 CM	1,236
11426	7402159	OR -EXCISION BENIGN LESION OVER 4.0 CM	2,148
38300	7402167	OR -DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS SIMPLE	1,236
38305	7402175	OR -DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS EXTENSIVE	1,236
38308	7402183	OR -LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	2,498
50080	7402191	OR -REMOVAL OF KIDNEY STONE - UP TO 2CM	7,450
50081	7402209	OR -REMOVAL OF KIDNEY STONE - OVER 2CM	7,450
50382	7402217	OR -REMOVAL AND REPLACEMENT OF STENT (VIA SNARECAPTURE)	1,644
50386	7402225	OR -REMOVAL OF STENT (VIA SNARECAPTURE)	1,644
50387	7402233	OR -REMOVAL AND REPLACEMENT OF NEPHROURETERAL CATHETER	1,644
50551	7402241	OR -FLEXIBLE URETEROSCOPY	3,483
50553	7402258	OR -FLEXIBLE URETEROSCOPY WITH URETERAL CATHETERIZATION	3,483
50555	7402266	OR -FLEXIBLE URETEROSCOPY AND BIOPSY	3,483
50557	7402274	OR -LAPAROSCOPIC RENAL CYST DEROOF	7,450
50572	7402282	OR -FLEXIBLE URETEROSCOPY	549
50574	7402290	OR -FLEXIBLE URETEROSCOPY AND BIOPSY	549
50688	7402308	OR -CHANGE OF URETEROSTOMY TUBE OR URETERAL STENT	1,644
50951	7402316	OR -FLEXIBLE URETEROSCOPY	1,644
50953	7402324	OR -FLEXIBLE URETEROSCOPY	3,483
50955	7402332	OR -FLEXIBLE URETEROSCOPY AND BIOPSY	3,483
50976	7402340	OR -FLEXIBLE URETEROSCOPY	3,483

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
51040	7402357	OR -FLEXIBLE CYSTOSCOPY - LOCAL ANAESTHETIC AND SUPRAPUBIC CATHETER PLACEMENT	1,644
51045	7402365	OR -GA CYSTOSCOPY AND SUPRAPUBIC CATHETER (SPC) INSERTION	1,644
51060	7402373	OR -TRANSVESICAL URETEROLITHOTOMY (STONE REMOVAL)	1,644
51065	7402381	OR -CYSTOTOMY (STONE REMOVAL)	3,483
51102	7402399	OR -DRAIN BLADDER W/CATH INSERTION	1,644
51700	7402407	OR -BLADDER IRRIGATION SIMPLE LAVAGE AND/OR INSTILLATION	216
51702	7402415	OR -INSERT TEMP BLADDER CATH SIMPLE	100
51703	7402423	OR -INSERT TEMP BLADDER CATH COMPLEX	127
51741	7402431	OR -ELECTRO-UROFLOWMETRY - COMPLEX	127
52276	7402449	OR -CYSTOSCOPY AND TREATMENT	1,644
52315	7402456	OR -CYSTOSCOPY AND TREATMENT	1,644
52317	7402464	OR -LITHOLAPAXY AND BLADDER STONE REMOVAL (LESS THAN 2.5CM)	2,541
52318	7402472	OR -LITHOLAPAXY AND BLADDER STONE REMOVAL (OVER 2.5CM)	3,483
52356	7402480	OR -URETEROSCOPIC STONE MANAGEMENT AND STENTING	3,483
52450	7402498	OR -TRANSURETHRAL INCISION OF PROSTATE	2,541
52601	7402506	OR -TRANSURETHRAL RESECTION OF PROSTATE - PROSTATECTOMY (TURP)	3,483
52630	7402514	OR -TRANSURETHRAL RESECTION OF PROSTATE - REMOVE PROSTATE REGROWTH	3,483
52640	7402522	OR -HYDRODISTENSION OF BLADDER	2,541
52647	7402530	OR -LASER COAGULATION OF PROSTATE	3,483
52648	7402548	OR -LASER VAPORIZATION OF PROSTATE	3,483
53000	7402555	OR -OPTICAL URETHROTOMY	1,644
53010	7402563	OR -OPTICAL URETHROTOMY	3,483
53215	7402571	OR -URETHRECTOMY TOTAL INCL CYSTOSTOMY MALE	3,483
53600	7402589	OR -URETHRAL DILATATION (INITIAL)	216
53601	7402597	OR -URETHRAL DILATATION (SUBSEQUENT)	100
53620	7402605	OR -URETHRAL DILATATION BY PASSAGE OF FILIFORM MALE (INITIAL)	549
53621	7402613	OR -URETHRAL DILATATION BY PASSAGE OF FILIFORM MALE (SUBSEQUENT)	216
53660	7402621	OR -DILATION OF FEMALE URETHRA (INITIAL)	127
53661	7402639	OR -DILATION OF FEMALE URETHRA (SUBSEQUENT)	100
54065	7402647	OR -DESTRUCTION PENIS LESION(S) EXTENSIVE	1,427
54150	7402654	OR -CIRCUMCISION	1,644
54161	7402662	OR -CIRCUMCISION 28 DAYS OR OLDER	1,644
54437	7402670	OR -REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	1,644

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
54520	7402688	OR -ORCHIDECTOMY - REMOVAL OF TESTES	2,541
54560	7402696	OR -EXPLORATION FOR UNDESCENDED TESTES	1,644
54600	7402704	OR -REDUCE TESTIS TORSION	2,541
54640	7402712	OR -SUSPENSION OF TESTIS	2,862
54690	7402720	OR -LAPAROSCOPIC ORCHIDECTOMY	4,197
54700	7402738	OR -DRAINAGE OF SCROTUM	1,644
54830	7402746	OR -EXCISION OF LOCAL LESION OF EPIDIDYMIS	1,644
54840	7402753	OR -EXCISION OF SPERMATOCELE WITH OR WITHOUT EPIDIDYMECTOMY	1,644
55000	7402761	OR -DRAINAGE OF HYDROCELE	539
55060	7402779	OR -DRAINAGE AND REPAIR OF HYDROCELE	1,644
55100	7402787	OR -DRAINAGE OF SCROTUM ABSCESS	1,236
55500	7402795	OR -EXCISION OF HYDROCELE OF SPERMATIC CORD UNILATERAL (SEPARATE PROCEDURE)	2,541
55550	7402803	OR -LAPAROSCOPIC VARICO-COELE REPAIR	4,197
55700	7402811	OR -BIOPSY OF PROSTATE NEEDLE ANY APPROACH	1,644
55705	7402829	OR -BIOPSY OF PROSTATE INCISIONAL ANY APPROACH	1,644
57410	7402837	OR -PELVIC EXAMINATION UNDER ANESTHESIA	2,085
64450	7402845	OR -N BLOCK OTHER PERIPHERAL	507
76536	7402852	OR -US EXAM OF HEAD AND NECK	113
76700	7402860	OR -US EXAM ABDOMINAL COMPLETE	113
76770	7402878	OR -US EXAM ABDO BACK WALL COMP	113
76872	7402886	OR -US TRANSRECTAL (TRUS)	113
11420	1640309	EXCISION BENIGN LESION 0.5CM OR LESS	84
11421	1640317	EXCISION BENIGN LESION 0.6 TO 1.0 CM	114
11422	1640325	EXCISION BENIGN LESION 1.1 TO 2.0 CM	140
11423	1640333	EXCISION BENIGN LESION 2.1 TO 3.0 CM	162
11426	1640341	EXCISION BENIGN LESION OVER 4.0 CM	284
38300	1640358	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS SIMPLE	188
38305	1640366	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS EXTENSIVE	476
38308	1640374	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	464
50080	1640382	REMOVAL OF KIDNEY STONE - UP TO 2CM	904
50081	1640390	REMOVAL OF KIDNEY STONE - OVER 2CM	1,328
50382	1640408	REMOVAL AND REPLACEMENT OF STENT (VIA SNARECAPTURE)	269
50386	1640416	REMOVAL OF STENT (VIA SNARECAPTURE)	171
50387	1640424	REMOVAL AND REPLACEMENT OF NEPHROURETERAL CATHETER	89
50544	1640432	LAPAROSCOPIC PYELOPLASTY	1,297

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
50551	1640440	FLEXIBLE URETEROSCOPY	307
50553	1640457	FLEXIBLE URETEROSCOPY WITH URETERAL CATHETERIZATION	326
50555	1640465	FLEXIBLE URETEROSCOPY AND BIOPSY	356
50557	1640473	LAPAROSCOPIC RENAL CYST DEROOF	361
50572	1640481	FLEXIBLE URETEROSCOPY	555
50574	1640499	FLEXIBLE URETEROSCOPY AND BIOPSY	590
50688	1640507	CHANGE OF URETEROSTOMY TUBE OR URETERAL STENT	82
50951	1640515	FLEXIBLE URETEROSCOPY	320
50953	1640523	FLEXIBLE URETEROSCOPY	339
50955	1640531	FLEXIBLE URETEROSCOPY AND BIOPSY	368
50976	1640549	FLEXIBLE URETEROSCOPY	486
50980	1640556	FLEXIBLE URETEROSCOPY	371
51040	1640564	FLEXIBLE CYSTOSCOPY - LOCAL ANAESTHETIC AND SUPRAPUBIC CATHETER PLACEMENT	301
51045	1640572	GA CYSTOSCOPY AND SUPRAPUBIC CATHETER (SPC) INSERTION	508
51060	1640580	TRANSVESICAL URETEROLITHOTOMY (STONE REMOVAL)	602
51065	1640598	CYSTOTOMY (STONE REMOVAL)	602
51102	1640606	DRAIN BLADDER W/CATH INSERTION	150
51700	1640614	BLADDER IRRIGATION SIMPLE LAVAGE AND/OR INSTILLATION	37
51702	1640622	INSERT TEMP BLADDER CATH SIMPLE	27
51703	1640630	INSERT TEMP BLADDER CATH COMPLEX	80
51720	1640648	URETHRAL CATHETERISATION AND BCG BLADDER INSTILLATION	67
51741	1640655	ELECTRO-UROFLOWMETRY - COMPLEX	16
52000	1640663	FLEXIBLE CYSTOSCOPY - LOCAL ANAESTHETIC	106
52005	1640671	CYSTOSCOPY & URETER CATHETER	139
52204	1640689	CYSTOSCOPY W/BIOPSY(S)	148
52224	1640697	CYSTOSCOPY AND TREATMENT - LESIONS LESS THAN 0.5CM	213
52234	1640705	CYSTOSCOPY AND TREATMENT - LESIONS 0.5 TO 2.0CM	257
52235	1640713	CYSTOSCOPY AND TREATMENT - LESIONS 2.0 TO 5.0CM	301
52240	1640721	CYSTOSCOPY AND TREATMENT - RESECTION OF LARGE BLADDER TUMOR(S)	409
52260	1640739	CYSTOSCOPY AND TREATMENT	219
52275	1640747	CYSTOSCOPY & REVISE URETHRA	259
52276	1640754	CYSTOSCOPY AND TREATMENT	276
52281	1640762	CYSTOSCOPY AND TREATMENT	159
52315	1640770	CYSTOSCOPY AND TREATMENT	286
52317	1640788	LITHOLAPAXY AND BLADDER STONE REMOVAL (LESS THAN 2.5CM)	362
52318	1640796	LITHOLAPAXY AND BLADDER STONE REMOVAL (OVER 2.5CM)	494

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
52325	1640804	CYSTOURETHROSCOPY WITH FRAGMENTATION OF URETERAL CALCULUS	335
52332	1640812	OPEN REPAIR OF URETERIC INJURY	162
52352	1640820	URETEROSCOPIC STONE MANAGEMENT AND STENTING	369
52353	1640838	URETEROSCOPIC STONE MANAGEMENT AND STENTING	409
52356	1640846	URETEROSCOPIC STONE MANAGEMENT AND STENTING	433
52450	1640853	TRANSURETHRAL INCISION OF PROSTATE	488
52601	1640861	TRANSURETHRAL RESECTION OF PROSTATE - PROSTATECTOMY (TURP)	879
52630	1640879	TRANSURETHRAL RESECTION OF PROSTATE - REMOVE PROSTATE REGROWTH	416
52640	1640887	HYDRODISTENSION OF BLADDER	327
52647	1640895	LASER COAGULATION OF PROSTATE	673
52648	1640903	LASER VAPORIZATION OF PROSTATE	717
53000	1640911	OPTICAL URETHROTOMY	153
53010	1640929	OPTICAL URETHROTOMY	306
53020	1640937	MEATOTOMY (EXCEPT INFANT)	101
53025	1640945	MEATOTOMY (INFANT)	75
53215	1640952	URETHRECTOMY TOTAL INCL CYSTOSTOMY MALE	966
53600	1640960	URETHRAL DILATATION (INITIAL)	66
53601	1640978	URETHRAL DILATATION (SUBSEQUENT)	56
53605	1640986	URETHRAL DILATATION UNDER ANESTHESIA	67
53620	1640994	URETHRAL DILATATION BY PASSAGE OF FILIFORM MALE (INITIAL)	91
53621	1641000	URETHRAL DILATATION BY PASSAGE OF FILIFORM MALE (SUBSEQUENT)	75
53660	1641018	DILATION OF FEMALE URETHRA (INITIAL)	44
53661	1641026	DILATION OF FEMALE URETHRA (SUBSEQUENT)	42
53665	1641034	DILATION OF FEMALE URETHRA UNDER ANESTHESIA	40
54065	1641042	DESTRUCTION PENIS LESION(S) EXTENSIVE	179
54150	1641059	CIRCUMCISION	102
54161	1641067	CIRCUMCISION 28 DAYS OR OLDER	204
54164	1641075	FRENULOPLASTY	201
54437	1641083	REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	705
54520	1641091	ORCHIDECTOMY - REMOVAL OF TESTES	339
54560	1641109	EXPLORATION FOR UNDESCENDED TESTES	747
54600	1641117	REDUCE TESTIS TORSION	473
54640	1641125	SUSPENSION OF TESTIS	497
54690	1641133	LAPAROSCOPIC ORCHIDECTOMY	687
54700	1641141	DRAINAGE OF SCROTUM	222
54830	1641158	EXCISION OF LOCAL LESION OF EPIDIDYMIS	387



BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2018

---

<b>CPT</b>	<b>CDM Code</b>	<b>OUT-PATIENT TREATMENT</b>	<b>\$</b>
54840	1641166	EXCISION OF SPERMATOCELE WITH OR WITHOUT EPIDIDYMECTOMY	334
55000	1641174	DRAINAGE OF HYDROCELE	89
55040	1641182	REMOVAL OF HYDROCELE	351
55060	1641190	DRAINAGE AND REPAIR OF HYDROCELE	396
55100	1641208	DRAINAGE OF SCROTUM ABSCESS	172
55250	1641216	VASECTOMY UNILATERAL OR BILATERAL	237
55500	1641224	EXCISION OF HYDROCELE OF SPERMATIC CORD UNILATERAL (SEPARATE PROCEDURE)	411
55550	1641232	LAPAROSCOPIC VARICO-COELE REPAIR	445
55700	1641240	BIOPSY OF PROSTATE NEEDLE ANY APPROACH	136
55705	1641257	BIOPSY OF PROSTATE INCISIONAL ANY APPROACH	277
57410	1641265	PELVIC EXAMINATION UNDER ANESTHESIA	111
64450	1641273	N BLOCK OTHER PERIPHERAL	47
76536	1641281	US EXAM OF HEAD AND NECK	119
76700	1641299	US EXAM ABDOMINAL COMPLETE	125
76770	1641307	US EXAM ABDO BACK WALL COMP	116
76872	1641315	US TRANSRECTAL (TRUS)	97

Made this 26th day of September 2018

Chairman  
Bermuda Hospitals Board

Approved this 27th day of September 2018

Minister of Health